2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044153

1. Entity Name

UNITY CHILDCARE PROFESSIONALS ASSOCIATION INC.

FILED May 11, 2001 8:00 am Secretary of State 05-11-2001 90300 012 ***150.00

ORLANDO FL 32008 ORLANDO FL 32008 ORLANDO FL 32008 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country To Country S. Certificate of Status Desired State Address of Current Registered Agent Fee Required City & State Cit		<u></u>	-					- -						
Sulle, Apt. II, etc. Sulle, Apt. III, etc. Sulle, Apt. III, etc. Sulle, Apt. III, etc. Sulle, Apt. III, etc. Sulle, Apt. III, etc. Sulle, Apt. III, etc. Sulle, Apt. III, etc. A. FEI Number 59-8522969 No. Applicable No. Ap	2108 SAN JOSE BLVD 2108 SAN JOSE BLVD													
Sulte. Apl. If, etc. Sulte. Apl. If, etc. Sulte. Sulte. Sulte. Apl. Et Number 59-8522969	2. Principal F	Place of Busin	ness	3. Mailing Address										
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September Sept	City & State			City & State			4.	J9 0022909						
COWAN, MAE E 2108 SAN JOSE BLVD ORLANDO FL 32808 City	Zip		Country	Zip	Country		5.	Certificate o	f Status Desir	ed 🗌		Additio	• •	
COWAN, MAE E 2108 SAN JOSE BLVD ORLANDO FL 32808 City		6. Name	and Address of Current Re	egistered Agent	<u> </u>	<u> </u>	7. 1	Name and A	ddress of N	w Register		4un eu		
Street Address (P.O. Box Number is Not Acceptable) City ::::::::::::::::::::::::::::::::::::		o. name	and Additions of Carrent Re	,		Name		italiie aliu z		W Hegiste	rea Agent			
City	2108	SAN JOSE	BLVD			Street Addr	ess (P.O. E	Box Number	is Not Accep	table)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature Symbox speed or crimed name of registered agent and blee 4 applicable. NoTE flogistered agent or display applicable. NoTE flogistered agent applica	UHL	ANDO FL 3	2808											
SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11.						City			398		FL Zip	Code		
Tax filing requirement and elects to do so. (See criteria on back) See criteria on back) Colored				Т			quired when re	einstating)		DA	ATE .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	Tax filing	requirement a	and elects to do so.	After MAY 1, 2	.001 Fee	will be \$550.		10. Elect	ion Campaig Fund Contrib	n Financing oution.				
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CITY-ST-ZIP	NAME			B01010	NAM	IE						.g. L		
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UIT-51-ZIP	NAME Street address	м.		☐ Delete	TITLE NAM STRE	E EET ADDRESS					☐ Char	ige [Addition	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes.			. <u> </u>	- The second of			4	**	<u> </u>					

changed, or on an attachment with an address, with all other like empowered ~, Mae E. Cowan 4/25/01 407-290-