

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099892

1. Entity Name

CHIMP'S DAY CARE, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90045 021 ***150.00

Principal Place of Business

Mailing Address

300 BARLOW AVENUE
 COCOA BEACH FL 32931

300 BARLOW AVENUE
 COCOA BEACH FL 32931-3906

2. Principal Place of Business

1600 N ATLANTIC AVE

3. Mailing Address

1600 N ATLANTIC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa Beach FL

City & State

Cocoa Beach FL

Zip

32931

Country

Zip

32931

Country

4. FEI Number

59-3561962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REINA, LEONARD P
 500 FIFTH AVENUE SOUTH Q
 SUITE 502
 NAPLES FL 34102

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS REINA, LEONARD P
 CITY-ST-ZIP SUITE 502, 500 FIFTH AVENUE SOUTH
 NAPLES FL 34102

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME PT
 STREET ADDRESS SWANSON, MARLIN
 CITY-ST-ZIP SUITE 502, 500 FIFTH AVENUE SOUTH
 NAPLES FL 34102

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME VS
 STREET ADDRESS SHENKMAN, BRITT
 CITY-ST-ZIP SUITE 502, 500 FIFTH AVENUE SOUTH
 NAPLES FL 34102

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/00