

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90063 009 ***158.75

00056592

DO NOT WRITE IN THIS SPACE

DOCUMENT # 098000103128
Entity Name Children of Heritage child care and Learning Center, Inc.

Principal Place of Business 825 Superior St
 Jacksonville Fla 32254

3. Principal Place of Business 825 Superior St
Suite, Apt. #, etc.

City & State Jacksonville Fla
Zip 32254 **Country** Duval

6. Name and Address of Current Registered Agent
 Children of Heritage child care and Learning Center Inc.
 825 Superior St.
 Jacksonville Florida 32254

7. Name and Address of New Registered Agent
 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)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE CEO	<input type="checkbox"/> Delete
NAME Shelly Simmons	
STREET ADDRESS 2722 Penton St	
CITY-ST-ZIP Jax Fla 32209	
TITLE President	<input type="checkbox"/> Delete
NAME Shellen Wilson	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Vice President	<input type="checkbox"/> Delete
NAME Jeffery Simmons	
STREET ADDRESS 2722 Penton St	
CITY-ST-ZIP Jax Fla 32209	
TITLE Treasurer	<input type="checkbox"/> Delete
NAME Sharretta Wilson	
STREET ADDRESS 4229 W Moncrief Rd #146	
CITY-ST-ZIP Jax Fla 32209	
TITLE Chaplyn	<input checked="" type="checkbox"/> Delete
NAME Marlene Simmons	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Secretary	<input type="checkbox"/> Delete
NAME Shameka Wilson	
STREET ADDRESS 2722 Penton St	
CITY-ST-ZIP Jax Fla 32254	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Chaplyn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Shelly Simmons	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Shelly Simmons
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 4/19/01 Daytime Phone # (904) 384-2813

CR2E034 (11/00)