

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 09, 2002 8:00 am
Secretary of State

05-22-2002 90181 046 ***150.00

DOCUMENT # P98000103128

1. Entity Name

CHILDREN OF HERITAGE CHILD CARE AND LEARNING CENTER INC.

Principal Place of Business

**825 SUPERIOR ST.
JACKSONVILLE FL 32254**

Mailing Address

**825 SUPERIOR ST.
JACKSONVILLE FL 32254**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3630750

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

**SIMMONS, SHELLY M
825 SUPERIOR ST
JACKSONVILLE FL 32254**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOC
SIMMONS, SHELLY M
2722 PENTON ST.
JACKSONVILLE FL 32209** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P Wilson Shellenor
718 melson Ave
Jat Fla 32254** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SIMMONS, JEFFERY
2722 PENTON ST.
JACKSONVILLE FL 32209** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WILSON, SHANETTA
4229 W MONCIEF RD # 146
JACKSONVILLE FL 32209** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
SIMMONS, MARLENE
2722 PENTON ST.
JACKSONVILLE FL 32209** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Francies Donnell
2847 W 6 St
Jat Fla 32254** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WILSON, SHAMEKA
2722 PENTON ST.
JACKSONVILLE FL 32209** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)