

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107422

1. Entity Name

MCKNIGHT'S DAY CARE, INC.

Principal Place of Business

Mailing Address

**1497 POPPY AVENUE
ORLANDO, FL 32811**

**1497 POPPY AVENUE
ORLANDO, FL 32811**

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

59-3248905

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00061804

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKNIGHT, GEORGIA F
1497 POPPY AVENUE
ORLANDO, FL 32811**

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: **D**
NAME: **AL-HADAD, DAWUD**
STREET ADDRESS: **4937 CASON COVE DR APT 834**
CITY-ST-ZIP: **ORLANDO, FL 32811**

☐ Delete

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **D**
NAME: **SMITH, EDDIE M**
STREET ADDRESS: **5310 LILY STREET**
CITY-ST-ZIP: **ORLANDO, FL 32811**

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TITLE: **D**
NAME: **MCKNIGHT, GEORGIA F**
STREET ADDRESS: **1497 POPPY AVENUE**
CITY-ST-ZIP: **ORLANDO, FL 32811**

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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

Georgia F. McKnight

GEORGIA MCKNIGHT

05/22/00

(407) 294-8259