

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014828

1. Entity Name

LITTLE SHEPHERD'S CHILD CARE CENTER, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90001 011 ***550.00

Principal Place of Business

441 E AIRPORT BLVD
 SANFORD FL 32773

Mailing Address

441 E AIRPORT BLVD
 SANFORD FL 32773

2. Principal Place of Business

289 Seminole Avenue

Suite, Apt. #, etc.

3. Mailing Address

Samp 289 Seminole

Suite, Apt. #, etc.

Avenue

City & State

Lake Mary FL 32746

City & State

Lake Mary, FL

Zip

Country

US

Zip

32746

Country

4. FEI Number

593572474

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BROWN, MICHELLE

441 E AIRPORT BLVD - 289 Seminole Ave
 SANFORD FL 32773 Lake Mary, FL 32746

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

Michelle Brown

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, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ROLLE, TRACY | |
| STREET ADDRESS | 441 E AIRPORT BLVD | |
| CITY-ST-ZIP | SANFORD FL 32773 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | BROWN, MICHELLE | |
| STREET ADDRESS | 441 E AIRPORT BLVD | |
| CITY-ST-ZIP | SANFORD FL 32773 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | MCMILLAN, KELLY | |
| STREET ADDRESS | 441 E AIRPORT BLVD | |
| CITY-ST-ZIP | SANFORD FL 32773 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BARRINGTON, MELANIE | |
| STREET ADDRESS | 441 E AIRPORT BLVD | |
| CITY-ST-ZIP | SANFORD FL 32773 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | Rolle, Tracy | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 289 Seminole Ave | |
| STREET ADDRESS | Lake Mary FL 32746 | |
| CITY-ST-ZIP | | |
| TITLE | Brown, michelle | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 289 Seminole Avenue | |
| STREET ADDRESS | Lake Mary FL 32746 | |
| CITY-ST-ZIP | | |
| TITLE | mcmillan, kelly | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 289 Seminole Avenue | |
| STREET ADDRESS | Lake Mary FL 32746 | |
| CITY-ST-ZIP | | |
| TITLE | Barriington, melanie | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 289 Seminole Avenue | |
| STREET ADDRESS | Lake Mary FL 32746 | |
| 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:

Michelle Brown
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/00

407-321-5577
 Daytime Phone #

CR2E034 (5/00)