

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014828

1. Entity Name
LITTLE SHEPHERD'S CHILD CARE CENTER, INC.

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90004 018 ***550.00

Principal Place of Business

289 SEMINOLE AVENUE
LAKE MARY FL 32746

Mailing Address

289 SEMINOLE AVENUE
LAKE MARY FL 32746



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3572474

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BROWN, MICHELLE

~~441 E AIRPORT BLVD~~
~~SANFORD FL 32773~~

289 Seminole Ave.
Lake Mary, FL 32746

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 - Director

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

(NOTE: Registered Agent signature required when reinstating)

9/10/01

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 12, 2001 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 P
NAME ROLLE, TRACY
STREET ADDRESS ~~441 E AIRPORT BLVD~~
CITY-ST-ZIP ~~SANFORD FL 32773~~

TITLE ☐ Delete
NAME
STREET ADDRESS 289 Seminole Ave
CITY-ST-ZIP Lake Mary, FL 32746 ☒ Change ☐ Addition

TITLE V
NAME BROWN, MICHELLE
STREET ADDRESS ~~441 E AIRPORT BLVD~~
CITY-ST-ZIP ~~SANFORD FL 32773~~

TITLE ☐ Delete
NAME
STREET ADDRESS 289 Seminole Ave
CITY-ST-ZIP Lake Mary, FL 32746 ☒ Change ☐ Addition

TITLE T
NAME MCMILLAN, KELLY
STREET ADDRESS ~~441 E AIRPORT BLVD~~
CITY-ST-ZIP ~~SANFORD FL 32773~~

TITLE ☐ Delete
NAME
STREET ADDRESS 289 Seminole Ave
CITY-ST-ZIP Lake Mary, FL 32746 ☒ Change ☐ Addition

TITLE S
NAME BARRINGTON, MELANIE
STREET ADDRESS ~~441 E AIRPORT BLVD~~
CITY-ST-ZIP ~~SANFORD FL 32773~~

TITLE ☐ Delete
NAME
STREET ADDRESS 289 Seminole Ave
CITY-ST-ZIP Lake Mary, FL 32746 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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: *Michelle Brown - Director*

9/10/01

407-321-5577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000867 AV

CR2E034 (5/01)