

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020206

1. Entity Name

THE BLAKE EARLY CHILDHOOD DEVELOPMENT CENTER, IN

Principal Place of Business

7001, WEST SUNRISE BLVD.  
PLANTATION FL 33313

Mailing Address

7001 WEST SUNRISE BLVD.  
PLANTATION FL 33313-4408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-090071

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

ROGERS, BLYTHE LUNDE  
7001 WEST SUNRISE BLVD.  
PLANTATION FL 33313

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PVP  
ROGERS, BLYTHE LUNDE  
7001 WEST SUNRISE BLVD.  
PLANTATION FL 33313

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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:

*Blythe Rogers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-00 (954) 584-6816

Daytime Phone #

FILED  
Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90118 020 \*\*\*150.00

CO 01181

00010401



DO NOT WRITE IN THIS SPACE