

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000056426****1. Entity Name**  
**DRIFTWOOD CHRISTIAN DAYCARE & LEARNING CENTER, I****Principal Place of Business**  
2640 N. 72ND ST.  
HOLLYWOOD FL 33024**Mailing Address**  
2640 N. 72ND ST.  
HOLLYWOOD FL 33024**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** 65-0934131Applied For  
Not Applicable**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****CROSS, ALLEN**  
2640 N.W. 72ND AVE  
HOLLYWOOD FL 33024**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**

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	CROSS, ALLEN	
STREET ADDRESS	2640 N. 72ND AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CROSS, ALLEN	
STREET ADDRESS	2640 N. 72ND ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BATLOU, RICHARD	
STREET ADDRESS	20891 NW 26TH AVE.	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAINES, ROBERT	
STREET ADDRESS	1311 NW 199TH ST.	
CITY-ST-ZIP	MIAMI FL 33164	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PHILLIP, JOHN	
STREET ADDRESS	3100 S.W. 35TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		
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		
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 687, 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 #

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**01-10-2001 90116 001 \*\*\*\*\*8.75  
01-10-2001 90116 002 \*\*\*150.00**21647**

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)