

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095788

1. Entity Name

KIDSQUEST CHILDCARE, INC.

Principal Place of Business

161 N CERVIDAE DRIVE  
APOPKA FL 32703

Mailing Address

161 N CERVIDAE DRIVE  
APOPKA FL 32703-3110

2. Principal Place of Business

1500 Shepard Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Springs, FL

City & State

Zip

32708

Country

Country

4. FEI Number

59-3608315

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BESAW, KIMBERLY A  
161 N CERVIDAE DRIVE  
APOPKA FL 32703

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Kimberly A. Besaw

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

(NOTE: Registered Agent signature required when reinstating).

DATE

5/11/00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

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**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.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D  
NAME BESAW, KIMBERLY A, President  
STREET ADDRESS 161 N CERVIDAE DRIVE  
CITY-ST-ZIP APOPKA FL 32703

☐ Delete

TITLE ~~McInturff, Connie L.~~  
NAME ~~1531 Suzanne Way~~  
STREET ADDRESS ~~Longwood, FL 32779~~  
CITY-ST-ZIP ~~32779~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE McInturff, Connie L.  
NAME 1531 Suzanne Way  
STREET ADDRESS Longwood, FL 32779  
CITY-ST-ZIP 32779

☐ Change

☒ Addition

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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.

FILED

May 18, 2000 8:00 am  
Secretary of State

04-18-2000 90261 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE