

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/29/2000 1:00 PM

DOCUMENT # P99000100140

1. Entity Name

FLOWERS DAY CARE CENTER INC.

(R)

**FILED**  
**Aug 29, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90094 017 \*\*\*150.00

Principal Place of Business

87 SILVER BEACH RD  
RIVIERA BEACH FL 33404

Mailing Address

87 SILVER BEACH RD  
RIVIERA BEACH FL 33404

2. Principal Place of Business

87 Silver Spring Road  
Suite, Apt. #, etc.

3. Mailing Address

87 Silver Spring Road  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Riviera Beach

City & State

Florida

4. FEI Number

65-0960371

Applied For

Not Applicable

Zip

33404

Country

Palmer Beach

Zip

33404

Country

Palmer Beach

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FERRELL, LYNETTE  
87 SILVER BEACH RD  
RIVIERA BEACH FL 33404

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

Lynette Ferrell

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

(NOTE: Registered Agent signature required when reinstating)

8/3/00

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. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FERRELL, LYNETTE	
STREET ADDRESS	87 SILVER BEACH RD	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWER, ELI	
STREET ADDRESS	87 SILVER BEACH RD	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	RILEY, ROSLIND	
STREET ADDRESS	87 SILVER BEACH RD	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDS, TREVER	
STREET ADDRESS	87 SILVER BEACH RD	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRELL, LYNETTE	
STREET ADDRESS	87 SILVER BEACH RD	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWER, ELI	
STREET ADDRESS	P O BOX 8163	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

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 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:

Lynette Ferrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/00

Date

81-480-9217

CR2E034 (5/00)