

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90011 011 \*\*\*150.00

**DOCUMENT # V26348**

**1. Entity Name**  
**KNIGHT'S FAMILY DAYCARE, INC.**

**Principal Place of Business**

**1989 50TH ST SW  
NAPLES FL 33999**

**Mailing Address**

**1989 50TH ST SW  
NAPLES FL 33999**

**2. Principal Place of Business**

**430-14th St. N.E.**

Suite, Apt. #, etc.

**3. Mailing Address**

**430-14th St. N.E.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**

**Naples, FL**

**City & State**

**Naples, FL**

**4. FEI Number 65-0325502**

**Applied For**

**Not Applicable**

**Zip**

**34120**

**Country**

**USA**

**Zip**

**34120**

**Country**

**USA**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KNIGHT, C HEATHER  
1989 50TH ST SW  
NAPLES FL 33999**

**7. Name and Address of New Registered Agent**

**Name**

**Knighlt, C. Heather**

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

**430-14th St. NE**

**City**

**Naples**

**FL**

**Zip Code**

**34120**

**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  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE**  
**P**  
**NAME**  
**KNIGHT, HEATHER**  
**STREET ADDRESS**  
**1989 50TH STREET**  
**CITY-ST-ZIP**  
**NAPLES FL 33999**

☐ Delete

**TITLE**  
**VP**  
**NAME**  
**KNIGHT, KEVIN L**  
**STREET ADDRESS**  
**1989 50TH STREET**  
**CITY-ST-ZIP**  
**NAPLES FL 33999**

☐ Delete

**TITLE**  
**S**  
**NAME**  
**KNIGHT, C. HEATHER,**  
**STREET ADDRESS**  
**1989 50TH STREET**  
**CITY-ST-ZIP**  
**NAPLES FL 33999**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

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

**TITLE**  
**P**  
**NAME**  
**Knighlt, Heather**  
**STREET ADDRESS**  
**430-14th St. NE**  
**CITY-ST-ZIP**  
**Naples, FL 34120**

☒ Change ☐ Addition

**TITLE**  
**VP**  
**NAME**  
**Knighlt, Kevin L.**  
**STREET ADDRESS**  
**430-14th St. NE**  
**CITY-ST-ZIP**  
**Naples, FL 34120**

☒ Change ☐ Addition

**TITLE**  
**S**  
**NAME**  
**Knighlt, C. Heather**  
**STREET ADDRESS**  
**430-14th St. NE**  
**CITY-ST-ZIP**  
**Naples, FL 34120**

☒ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**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:** *Heather Knight* *Heather Knight*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-13-01**

Date

**941-353-3805**

Daytime Phone #

CR2E034 (10/00)