

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90147 036 ***158.75

DOCUMENT # V35034

1. Entity Name
CAMP SUNSHINE SUMMER DAY CAMP, INC.

Principal Place of Business

**9120 GRIFFIN RD
 COOPER CITY FL 33328
 US**

Mailing Address

**9120 GRIFFIN RD
 COOPER CITY FL 33328
 US**

80066615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7901 S.W. 36 Street

3. Mailing Address

same as # 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 202

City & State

Davie, Florida

City & State

same as # 2

Zip

33328

Country

U.S.

Zip

same as # 2

Country

U.S.

4. FEI Number

65-0333867

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

DOUGHTY, JANICE

2131 SW 92ND TERRACE

UNIT #1601

FORT LAUDERDALE FL 33324

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, 2002 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 **PD-1** ☐ Delete
 NAME **DOUGHTY, JANICE**
 STREET ADDRESS **2131 S.W. 92ND TERRACE, UNIT #1601**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33324**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Janice Doughty
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice Doughty

3/28/02
 Date

1-954

236-8850
 Daytime Phone #

CR2E034 (9/01)