

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90017 040 \*\*\*150.00

**DOCUMENT # V63937**

1. Entity Name

**HAPPY TIME CHILD CARE, INC.**

Principal Place of Business

Mailing Address

200 SW 1ST AVENUE  
DELRAY BEACH FL 33444  
US

200 SW 1ST AVENUE  
DELRAY BEACH FL 33444-3634  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0373015**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHANEY, WILBUR V.**  
**506 N. E. 5TH AVE.**  
**DELRAY BEACH FL 33483**

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, 2000 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	<input type="checkbox"/> Delete
NAME	OWENS, MAMIE NELL	
STREET ADDRESS	148 SW 9TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	OWENS, NATHANIEL	
STREET ADDRESS	148 SW 9 AVE	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	OWENS, PHILLIP	
STREET ADDRESS	4200 CENTRAL PARK PL	
CITY-ST-ZIP	COLLEGE PARK GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWENS, DONNIE	
STREET ADDRESS	2638 NE 3 CT	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWENS, RUDOLPH	
STREET ADDRESS	148 SW 9 AVE	
CITY-ST-ZIP	DELRAY BCH FL	
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"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Additior
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additior
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(561)**  
**243-3780**