

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

V70419

1. Entity Name

ELLIE'S DAYCARE CENTER, INC.

FILED

00 JUN 02 PM 2:38

Principal Place of Business

Mailing Address

449 BELL AVENUE
BROOKSVILLE FL 34601

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

449 BELL AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROOKSVILLE

City & State

4. FEI Number

59-3149409

Applied For

Not Applicable

Zip

FL 34601

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHRISTINA PEARCE
4250 NEFF LAKE ROAD
BROOKSVILLE FL 34602

7. Name and Address of New Registered Agent

Name

MERIDA ROBINSON

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

6235 OGBURN STREET

City

BROOKSVILLE

FL

Zip Code

34602

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

Merida Robinson

5/12/2000

5/12/2000

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 PRESIDENT ☐ Delete
NAME MERIDA ROBINSON
STREET ADDRESS 6235 OGBURN STREET
CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE P.T. ☒ Delete
NAME CHRISTINA PEARCE
STREET ADDRESS 4250 NEFF LAKE ROAD
CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.T. ☒ Change ☐ Addition
NAME MERIDA ROBINSON
STREET ADDRESS 6235 OGBURN STREET
CITY-ST-ZIP BROOKSVILLE FL 34602

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Merida Robinson

Date

5/12/2000

352-796-5683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)