

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J37102**

1. Entity Name

BRANDT'S CHILD CARE CENTER, INC.**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90009 030 ***150.00

Principal Place of Business

Mailing Address

% DONALD SUTTON
142 MASTERS DR. P O BOX 5148
ST. AUGUSTINE FL 32085-2148142 MASTERS DRIVE
142 MASTERS DR. P O BOX 5148
ST AUGUSTINE FL 32095-3173
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2722997

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

SUTTON, DONALD
142 MASTERS DRIVE
ST. AUGUSTINE FL 32084

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SUTTON, DONALD
STREET ADDRESS 142 MASTERS DRIVE
CITY-ST-ZIP ST. AUGUSTINE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AddTITLE P
NAME SUTTON, CHERI L
STREET ADDRESS 142 MASTERS DR.
CITY-ST-ZIP ST. AUGUSTINE FL 32095 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AddTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☒ Change ☐ AddTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Betty Shugart* **Betty Shugart - Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00 904-8295457

Date

Daytime Phone #