

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19176

1. Entity Name

OAKCREST DAY CARE CENTER, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90076 020 ****61.25

Principal Place of Business

Mailing Address

1606 NE 22 AVE
 OCALA FL 34470

1606 N.E. 22 AVE.
 OCALA FL 34470-4760



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2720718

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

JONES, JO ANN
1606 NE 22 AVE
OCALA FL 34470

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, MILTON F.	
STREET ADDRESS	8620 SE 156TH ST.	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JO ANN	
STREET ADDRESS	8620 SE 156TH ST.	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYNES, MARIE L.	
STREET ADDRESS	RT. 2, BOX 392A	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Jo Ann Jones
JO ANN JONES

4/31/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)