

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708764

1. Entity Name

BRIGHTEST HORIZONS MISSION, INC.

Principal Place of Business

10320 GLADIOLUS DRIVE
P.O. BOX 08072
FT. MYERS FL 33908-8072
US

Mailing Address

P.O. BOX 08072
FT. MYERS FL 33908-8072
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7378076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TERMEER, MARY
4220 STEAMBOAT BEND
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

MR. ALVIN PARK

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

6807 Turban Ct

FT. Myers

City

FL

Zip Code

33908

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)

01/23/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERMEER, MARY 4220 STEAMBOAT BEND FT. MYERS FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMAN, EINER 7193 VASSAR DR., S.W. FT. MYERS FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLER, SANDRA 2050 PERIWINKLE WAY SANIBEL ISLAND FL 33957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOVGREN, JEAN 3430 SE 2ND PLACE CAPE CORAL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, DON 3402 SUNDIAL CT FT. MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP P PARK, ALVIN 6807 TURBAN CT FT MYERS FL 33908	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DR. Wanda Slayton 2803 Turban Ct. FT. MYERS FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Richard Bollinger 13061 Silver Sands Dr. FT. MYERS, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR KATHLEEN P. SHADDOCK 2303 SE 6th Terr. Cape Coral FL 33990	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/01

Date

(941) 437-3055

Daytime Phone #

CR2E037 (10/00)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90183 028 ****61.25

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DO NOT WRITE IN THIS SPACE