

Feb 08, 2000 8:00 a  
Secretary of State

02-08-2000 90173 023 \*\*\*\*61.25

DOCUMENT # 714796

1. Entity Name

THE LITTLE SCHOOLHOUSE, INC.

Principal Place of Business

808 NE 3RD AVE  
FT LAUDERDALE FL 33304  
US

Mailing Address

808 NE 3 AVE  
FT LAUDERDALE FL 33304-1901  
US

710878

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

59-1220813

Applied  
Not

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

WARD, JANE  
808 NE THIRD AVENUE  
FORT LAUDERDALE FL 33304

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

*Mercedes Gardner, Treasurer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/11/00  
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	MD	<input type="checkbox"/> Delete
NAME	WARD, JANE	
STREET ADDRESS	3715 S LAKE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CLAPP, ROBERT	
STREET ADDRESS	1050 SW 29TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARDNER, MERCEDER	
STREET ADDRESS	1813 NE 28 ST	
CITY-ST-ZIP	FT LAUD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KLENDWORTH, JOYCE	
STREET ADDRESS	75 NE 20TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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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, as 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

Date

Daytime Phone #