

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90038 022 ***150.00

DOCUMENT # F94000004768

1. Entity Name
GYMBOREE PLAY PROGRAMS, INC.

Principal Place of Business

700 AIRPORT BLVD.
200
BURLINGAME CA 94010
US

Mailing Address

700 AIRPORT BLVD.
200
BURLINGAME CA 94010
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-3206460

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	CAMPBELL, ROBERT B	
STREET ADDRESS	2812 MONTEREY ST	
CITY-ST-ZIP	SAN MATEO CA 94403	
TITLE	SRVP	☒ Delete
NAME	HEYER, LAWRENCE H	
STREET ADDRESS	816 REDWOOD DRIVE	
CITY-ST-ZIP	DANVILLE CA 94506	
TITLE	D	☐ Delete
NAME	MOLDAW, STUART	
STREET ADDRESS	700 AIRPORT BLVD.	
CITY-ST-ZIP	BURLINGAME CA	
TITLE	AS	☒ Delete
NAME	RAMSEY, CLINT W	
STREET ADDRESS	1250 SILVERADO DR	
CITY-ST-ZIP	SAN JOSE CA 95120	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☐ Change ☒ Addition
NAME	Myles McCormick	
STREET ADDRESS	700 Airport Blvd, Ste 200	
CITY-ST-ZIP	Burlingame, CA 94010	
TITLE	D, C	☒ Change ☐ Addition
NAME	Moldaw, Stuart	
STREET ADDRESS	700 Airport Blvd, Ste 200	
CITY-ST-ZIP	Burlingame, CA 94010	
TITLE	S	☐ Change ☒ Addition
NAME	Alison May	
STREET ADDRESS	700 Airport Blvd, Ste 200	
CITY-ST-ZIP	Burlingame, CA 94010	
TITLE	D	☐ Change ☒ Addition
NAME	Lisa Harper	
STREET ADDRESS	700 Airport Blvd, Ste 200	
CITY-ST-ZIP	Burlingame, CA 94010	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Date

Daytime Phone #

CR2E034 (9/01)