

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G43586**

1. Entity Name

CHILDREN'S VILLAGE DEVELOPMENTAL LEARNING CENTER**(R)****FILED****Aug 17, 2000 8:00 am
Secretary of State**

08-17-2000 90573 045 ***150.00

Principal Place of Business

**145 LEWIS POINT ROAD
ST AUGUSTINE FL 32086
US**

Mailing Address

**145 LEWIS POINT ROAD
ST AUGUSTINE FL 32086
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2119039**

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

**KAMM, JEFFERY H.
2507 US 1 SOUTH 7050
ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name

KAMM, BABETTE

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

City

**145 LEWIS POINT ROAD
ST AUGUSTINE FL**

Zip Code

32086

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

BABETTE KAMM**Babette Kamm****8/9/00**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ Delete
NAME **KAMM, JEFFERY H.**
STREET ADDRESS **7 GONTERA DRIVE**
CITY-ST-ZIP **ST. AUGUSTINE FL**TITLE **DMV** ☐ Delete
NAME **KAMM, BABETTE A. Estates**
STREET ADDRESS **3075 BISHOP ESTMAN ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32259**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **X****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/00

Date

904-797-5909

Daytime Phone #

CR2E034 (5/00)

Attachment Doc # 643586
A0673222



GUNN & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

MARSHALL D. GUNN, JR., CPA/PFS, CFP

DAVID P. BARLEY, SR., CPA, MBA
SONNY F. MARTIN, CPA, CIA
VICKY G. WILD, CPA

4345 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE, FLORIDA 32216
TELEPHONE 904/296-2024
FAX 904/296-0054
gunncocpa@aol.com

August 8, 2000

Uniform Business Report
Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Babette Kamm of Children's Village Development Learning Center, Inc. received your notice for her company's Uniform Business Report fee. She was going to pay the fee when she noticed that your correspondence was a second notice and required a much higher fee. Ms. Kamm never received the first notice, as she would have paid that fee as she has in the past.

We respectfully request that you accept payment of \$150.00 as renewal for my client's annual report. This company pays its bills by their due date, but does not have a formal system for triggering annual or nonrecurring payments other than the actual receipt of the bill. For this reason, they have no way of knowing that a payment was due to the State of Florida unless the notice was actually received. In addition, prior management personnel have been replaced earlier this fiscal year.

If you have any questions, please do not hesitate to contact me directly. Thank you for your cooperation and understanding in resolving this matter.

Yours very truly,



Sonny F. Martin, CPA

