

2002 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 28, 2002 8:00 am
Secretary of State

04-11-2002 90045 012 ****61.25

DOCUMENT # N01000007611

1. Entity Name

SMOKY BEAR PRESCHOOL AND KINDERGARTEN, INC.

Principal Place of Business

Mailing Address

2500 NE 15 STREET
 GAINESVILLE FL 32609

2500 NE 15 STREET
 GAINESVILLE FL 32609

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

Applied For
 Not Applicable

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

HURT, BARBARA
 2500 NE 15 STREET
 GAINESVILLE FL 32609

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 re-registering)

3-5-02

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 Delete
 NAME **D**
 STREET ADDRESS **SCRIPTURE, GEORGE**
 CITY-ST-ZIP **5445 CR 352**
KEYSTONE HEIGHTS FL 32658

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **MANSELL, RUTH**
 CITY-ST-ZIP **1702 NW 17 LANE**
GAINESVILLE FL 32605

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **LUCKIE, DOCK**
 CITY-ST-ZIP **4001 NW 23 TERR**
GAINESVILLE FL 32605

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **Clark, Gladys**
 CITY-ST-ZIP **4680 Clear Lake Dr.**
Gainesville FL 32609

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **Nelson, Charlotte**
 CITY-ST-ZIP **1414 SE 4th Ave.**
Gainesville FL 32641

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **Saulsberry, Willie**
 CITY-ST-ZIP **P.O. Box 853**
Fairfield FL 32634

TITLE Change 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)(f), 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:

Barbara Hunt

3-5-02

352-313-9944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ruth Mansell

Ruth Mansell 5/5/02 352-376-8346

CR2E037 (9/01)

Attachment 30317

NO 1000007611

5/6/02

Please ADD:

D
Gladys Clark
4680 Clear Lake Dr.
Gainesville FL 32607

D
Nelson, Charlotte
1414 SE 4th Ave.
Gainesville FL 32641

D
Saulsberry, Willie
P.O. Box 853
Fairfield FL 32634