

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90123 043 \*\*\*\*61.25

0070275

**DOCUMENT # N01000007611**

1. Entity Name  
**SMOKY BEAR PRESCHOOL AND KINDERGARTEN, INC.**



Principal Place of Business  
**2500 NE 15 STREET  
GAINESVILLE FL 32609**

Mailing Address  
**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**  
*61-1413021*

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara Hurt*

*2-18-03*

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

(NOTE: Registered Agent signature required when reinstating)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
NAME **SCRIPTURE, GEORGE**  
STREET ADDRESS **5445 CR 352**  
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **D**  Change  Addition  
NAME **Karen Spurling**  
STREET ADDRESS **2400 SE 15th Street**  
CITY-ST-ZIP **Gainesville FL 32609**

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

TITLE **T**  Change  Addition  
NAME **Gladys Clark**  
STREET ADDRESS **4680 Clear Lake Dr.**  
CITY-ST-ZIP **Gainesville FL 32607**

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

TITLE **C**  Change  Addition  
NAME **Charlotte Nelson**  
STREET ADDRESS **1414 SE 4th Ave.**  
CITY-ST-ZIP **Gainesville FL 32601**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(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:

*Barbara Hurt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-18-03* *352-373-9914*

CR2E037 (10/02)