2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State
05-30-2001 90036 015 ****78.75

DOCUMENT # N01036

1. Entity Name

LITTLE LAMBS LEARNING CENTER, INC.

C0070636

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
197 S. COTTAGE HILL RD. P.O. BOX 16434 ORLANDO FL 32805-2331	197 S. COTTAGE HILL RD. P.O. BOX 16434 ORLANDO FL 32805-2331

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 59-2439231 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required 17.50 (2)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITEHURST, JULIA ELETA 4739 SPANIEL STREET ORLANDO FL 32818	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. (NOT : 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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHITEHURST, JULIA E 4739 SPANIEL STREET ORLANDO FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEWARD, CRYSTAL R 880 N. DENNING DR. WINTER PARK FL 32879	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARNES, ELLA M 227 SEELY AVE ORLANDO FL 32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SLAUGHTER, ALPHONSO 255 MURRAY DR. ORLANDO FL 32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOLEY, WILLIAM L BEEWOOD CT ORLANDO FL 32808	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Andrew T. Wade 4739 Spaniel St. Orlando, FL 32818	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP TAYLOR, DEBREITA D 231 KENT STREET ORLANDO FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Julia E. Eleta Whitehurst Julia Eleta Whitehurst 5/16/01 407 644-2567