

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01036

FILED
Jul 10, 2002 8:00 AM
Secretary of State

Entity Name: LITTLE LAMBS LEARNING CENTER, INC.

Current Principal Place of Business:

197 S. COTTAGE HILL RD.
P.O. BOX 16434
ORLANDO, FL 328052331

New Principal Place of Business:

197 S. COTTAGE HILL ROAD
ORLANDO, FL 328052331

Current Mailing Address:

197 S. COTTAGE HILL RD.
P.O. BOX 16434
ORLANDO, FL 328052331

New Mailing Address:

1039 W. FAIRBANKS AVENUE
ORLANDO, FL 32804

FEI Number: 59-2439231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHITEHURST, JULIA ELETA
4739 SPANIEL STREET
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

WHITEHURST, JULIA E
4739 SPANIEL STREET
ORLANDO, FL 32818 US

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: JULIA E. WHITEHURST

07/10/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHITEHURST, JULIA E
Address: 4739 SPANIEL STREET
City-St-Zip: ORLANDO, FL 32818

Title: VD () Delete
Name: STEWARD, CRYSTAL R
Address: 880 N. DENNING DR.
City-St-Zip: WINTER PARK, FL 32879

Title: SD () Delete
Name: BARNES, ELLA M
Address: 227 SEELY AVE
City-St-Zip: ORLANDO, FL 32808

Title: TD () Delete
Name: SLAUGHTER, ALPHONSO
Address: 255 MURRAY DR.
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: WADE, ANDREW T
Address: 4739 SPANIEL ST.
City-St-Zip: ORLANDO, FL 32818

Title: EVP () Delete
Name: TAYLOR, DEBREITA D
Address: 231 KENT STREET
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIA E. WHITEHURST

PD

07/10/2002

Electronic Signature of Signing Officer or Director

Date