

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

0054433

DOCUMENT # N99000001014

1. Entity Name

TEDDY BEAR COMMUNITY DEVELOPMENT, INC.

04-27-2001 90291 045 ****61.25

Principal Place of Business

Mailing Address

**4519 FOREST LANE
 LAKE WORTH FL 33463**

**4519 FOREST LANE
 LAKE WORTH FL 33463**

645856



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0897211

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

7. Name and Address of New Registered Agent

**MARRERO-FRASER, DEBRA
 4519 FOREST LANE
 LAKE WORTH FL 33463**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PD	<input type="checkbox"/> Delete
NAME	MARRERO-FRASER, DEBRA	
STREET ADDRESS	7409 TRECOTT DR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARRERO, KATHREEN	
STREET ADDRESS	10719 TARVIS TR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARRERO, PATRICIA	
STREET ADDRESS	10719 TARVIS TR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Debra Marrero*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/18/01** (561) ~~357-9~~ **439-4675**
 Daytime Phone #

CR2E037 (10/00)