

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90082 035 ****61.25

DOCUMENT # N99000001014



1. Entity Name
TEDDY BEAR DAY CARE COMMUNITY CENTER, INC.

Principal Place of Business Mailing Address
4519 FOREST LANE 4519 FOREST LANE
LAKE WORTH FL 33463 LAKE WORTH FL 33463

2. Principal Place of Business 3. Mailing Address
4519 Forest Ln. 4519 Forest Ln.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
L. Worth Fl. L. Worth Fl

Zip Country Zip Country
33463 Palm Beach 33463 Palm Beach

4. FEI Number **65-0897211** 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

KATHLEEN, MARRERO
4519 FOREST LANE
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name **Kathleen Marrero**
Street Address (P.O. Box Number is Not Acceptable) **4519 Forest Ln.**
City **L. Worth Fl** State **FL** Zip Code **33463**

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 *[Signature]* DATE **4-2-03**
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD - S	<input type="checkbox"/> Delete
NAME	MARRERO, KATHREEN	
STREET ADDRESS	10719 TARVIS TR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARRERO, PATRICIA	
STREET ADDRESS	10719 TARVIS TR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	V-T	<input type="checkbox"/> Delete
NAME	MARRERO, CASIMIRO	
STREET ADDRESS	10719 TAMIS TRL	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MARRERO, PAMELA	
STREET ADDRESS	10719 TAMIS TRL	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **KATHLEEN MARRERO** DATE **4-2-03** **561 439 4675**

CR2E037 (10/02)