

2000 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-27-2000 90142 028 ***150.00

DOCUMENT # P99000097113

1. Entity Name

KIDS KOUNTRY DAYCARE, INC.

Principal Place of Business

Mailing Address

3227 OLD JENNINGS ROAD
 MIDDLEBURG FL 32068

3227 OLD JENNINGS ROAD
 MIDDLEBURG FL 32068-3415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3616139

Applied For

Not Applicable

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

BLOOMER, GEORGE M
2362 BLANDING BOULEVARD
MIDDLEBURG FL 32068

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PD** Delete
 NAME: **DINGLE, DENNIS R III**
 STREET ADDRESS: **4768 SADLEHORN TRAIL**
 CITY-ST-ZIP: **MIDDLEBURG FL 32068**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **VSD** Delete
 NAME: **DINGLE, GLENDA G**
 STREET ADDRESS: **4768 SADLEHORN TRAIL**
 CITY-ST-ZIP: **MIDDLEBURG FL 32068**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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 STREET ADDRESS:
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TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dennis R Dingle III* **DENNIS R DINGLE III** **1-21-2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

904-264-9677