2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # N26829 Mar 20, 2000 8:00 am Entity Name **Secretary of State** KEY WEST PRESCHOOL CO-OPERATIVE, INC. 03-20-2000 90184 013 ****61.25 Mailing Address Principal Place of Business P.O. BOX 4177, N/A P.O. BOX 4177, N/A KEY WEST FL 33041-4177 KEY WEST FL 33041-4177 3. Mailing Address 2. Principal Place of Business 2610 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0056669 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (PO)Box Number is Not Acceptable) HJERPE, KARI 1211 POCKER ST. KEY WEST FL 33040 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 29. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees gri ya di ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Delete TITLE TITLE NAME HJERPE, KARI NAME STREET ADDRESS STREET ADDRESS 1211 PACKER STT. CITY-ST-7IP CITY-ST-7IP KEY WEST FL 33040 Change ☐ Addition **VPD** TITLE TITLE ☐ Delete TAMASTA, JUDY NAME NAME STREET ADDRESS STREET ADDRESS 17 KEY HAVEN TERRACE CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 Change ☐ Addition TITLE DT , Delete TITLE NAME COWIE. JILL: -NAME STREET ADDRESS STREET ADDRESS 70 BAY DR. CITY-ST-ZIP CITY-ST-ZIP SUGARLOAF KEY FL 33040 ☐ Addition Change Delete TITLE TRINCHANTO, CHERI NAME NAME STREET ADDRESS STREET ADDRESS 20926 8TH AVE. W. CITY-ST-ZIE CUDJOS KEY FL 33042 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE **SMAN** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS 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 generalized 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 generalized 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 generalized 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 generalized 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 generalized 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 generalized by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes;

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