

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 393412

1. Entity Name

MAGIC YEARS DEVELOPMENTAL PRE-SCHOOL, INC.

Principal Place of Business

2403 W THARPE ST
TALLAHASSEE FL 32303

Mailing Address

3712 FOXFORD CIRCLE
TALLAHASSEE FL 32308

2. Principal Place of Business

3712 FOXFORD CIR
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

TALLAHASSEE

City & State

FL

Zip

32308

Country

Zip

Country

4. FEI Number

59-1373365

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, JERRY R.
3712 FOXFORD CIRCLE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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

JERRY R. GOODMAN
Signature, typed or printed name of registered agent and title if applicable.

Jerry R. Goodman
(NOTE: Registered Agent signature required when reinstating)

4-29-01
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, 2001 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

TITLE D
NAME GOODMAN, ARLENE D.
STREET ADDRESS 3712 FOXFORD CIR
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE ST
NAME GOODMAN, JERRY R.
STREET ADDRESS 3712 FOXFORD CIR
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Jerry R. Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-01
Date

850-894-0087
Daytime Phone #

ADR

FILED
01 APR 24 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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