

2000 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # 417931

1. Entity Name

WEE FOLKS NURSERY, INC..

Principal Place of Business

610 N.W. 9TH AVENUE
GAINESVILLE FL 32601

Mailing Address

610 N.W. 9TH AVENUE
GAINESVILLE FL 32601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

00 JUL 24 AM 10:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1479388

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

TANNER, ANNA MAE
610 N.W. 9TH AVENUE
GAINESVILLE FL 32601

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 TANNER, ANNA MAE
STREET ADDRESS 610 N.W. 9TH AVENUE
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Change ☐ Addition
NAME 100003351541--1
STREET ADDRESS -08/09/00--01092--021
CITY-ST-ZIP *****150.00 *****150.00

TITLE D ☐ Delete
NAME TANNER, MICHAEL A.
STREET ADDRESS 13123 NW 39TH AVE.
CITY-ST-ZIP GAINESVILLE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/2000

352-372-4525

CR2E034 (5/00)

2 of 2

610 NW 9 Avenue
Gainesville, FL 32601
July 20, 2000

Florida Secretary of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302

Re: Uniform Business Report
Wee Folks Nursery School, Inc
EIN: 59-1479388

Greetings,

I respectfully request abatement of the delinquency penalty for the 2000 annual report of Wee Folks Nursery School, Inc.

I know about this report and have always seen that it was filed and paid on time since we incorporated in the early 1970's.

This year, though, I have been bed ridden and relied on others to get things done. I am 85 years old and things are getting more difficult. I don't remember seeing this form this year!

I am enclosing a check for the regular fee and trust you will forgive this one time.

Sincerely,

Anna M. Jenner