

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708903

1. Entity Name

BELL NURSERY SCHOOL, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90139 044 ****61.25

Principal Place of Business

Mailing Address

715 N W 10TH ST.
GAINESVILLE FL 32601

715 N W 10TH ST.
GAINESVILLE FL 32601-5002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1082451

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

MULKEY, VIVIAN
715 N.W. 10TH ST.
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

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC ☐ Delete
NAME HAYES, VIRGINIA D
STREET ADDRESS 901 NE 23RD ST
CITY-ST-ZIP GAINESVILLE FL

TITLE DC ☒ Change ☐ Addition
NAME Bruce Smith
STREET ADDRESS 3622 NW 43rd St.
CITY-ST-ZIP Gainesville, FL.

TITLE D ☐ Delete
NAME CHANEY, PHILIP
STREET ADDRESS 5717 SW 63RD BLVD
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ Change ☒ Addition
NAME Rose Ellen Rilea
STREET ADDRESS 1515 NE 13th St.
CITY-ST-ZIP Gainesville, FL. 32601

TITLE DS ☐ Delete
NAME RICHARDSON, SARAH
STREET ADDRESS 2940 NW 68TH AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ Change ☒ Addition
NAME STEVIE HOFFMAN
STREET ADDRESS 5027 SW 9th Lane
CITY-ST-ZIP Gainesville, FL 32607

TITLE VC ☐ Delete
NAME SMITH, BRUCE
STREET ADDRESS 3622 NW 43RD ST
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ Change ☒ Addition
NAME Charmaine TAYLOR
STREET ADDRESS 14603 NW 60th Ave.
CITY-ST-ZIP ALACHUA, FL. 32615

TITLE D ☐ Delete
NAME SPRINGFIELD, MOLLY
STREET ADDRESS 427 NW 50TH BLVD
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE D ☐ Change ☒ Addition
NAME Gloria Cromwell
STREET ADDRESS 2990 SE 24th Place
CITY-ST-ZIP Gainesville, FL. 32601

TITLE D ☐ Delete
NAME FOREMAN, RONALD
STREET ADDRESS 1616 NW 21ST ST
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE D ☐ Change ☒ Addition
NAME Kenneth Johnson, Sr.
STREET ADDRESS 532 NW 7th Terrace
CITY-ST-ZIP Gainesville, FL. 32601

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

LORNA D. JACKSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

352-372-3838

Daytime Phone #

CR2E037 (9/99)