

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 01, 2001 8:00 am  
Secretary of State**

02-01-2001 90120 020 \*\*\*\*61.25

**DOCUMENT # 708903**

1. Entity Name

**BELL NURSERY SCHOOL, INC.**

Principal Place of Business

**715 N W 10TH ST.  
GAINESVILLE FL 32601**

Mailing Address

**715 N W 10TH ST.  
GAINESVILLE FL 32601**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

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

**MULKEY, VIVIAN  
715 N.W. 10TH ST.  
GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

Name

**Boif B. Williams**

Street Address (P.O. Box Number is Not Acceptable)

**715 N.W. 10th Street**

City

**Gainesville**

FL

Zip Code

**32601**

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

**Boif B. Williams****Director****1/25/01**

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

TITLE **DC** ☐ Delete  
NAME **SMITH, BRUCE**  
STREET ADDRESS **3622 NW 43RD STREET**  
CITY-ST-ZIP **GAINESVILLE FL**TITLE **D** ☐ Delete  
NAME **CHANEY, PHILIP**  
STREET ADDRESS **5717 SW 63RD BLVD**  
CITY-ST-ZIP **GAINESVILLE FL**TITLE **DS** ☐ Delete  
NAME **RICHARDSON, SARAH**  
STREET ADDRESS **2940 NW 68TH AVE**  
CITY-ST-ZIP **GAINESVILLE FL**TITLE **VC** ☐ Delete  
NAME **SMITH, BRUCE**  
STREET ADDRESS **3622 NW 43RD ST**  
CITY-ST-ZIP **GAINESVILLE FL**TITLE **D** ☐ Delete  
NAME **SPRINGFIELD, MOLLY**  
STREET ADDRESS **427 NW 50TH BLVD**  
CITY-ST-ZIP **GAINESVILLE FL 32607**TITLE **D** ☐ Delete  
NAME **FOREMAN, RONALD**  
STREET ADDRESS **1616 NW 21ST ST**  
CITY-ST-ZIP **GAINESVILLE FL 32601**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Lana Jackson** ☐ Change ☒ Addition  
NAME **626 SW 4th Street**  
STREET ADDRESS **Gainesville, FL 32601**  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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 other like empowered.

SIGNATURE:

**MAGNABIRE E. Williams**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/25/01**

Daytime Phone #

**372-3838**

CR2E037 (10/00)