


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

7/21

07-21-2003 90141 033 \*\*\*\*61.25

<b>DOCUMENT # 708903</b> 1. Entity Name <b>BELL NURSERY SCHOOL, INC.</b>					
Principal Place of Business <b>715 N W 10TH ST. GAINESVILLE FL 32601</b>			Mailing Address <b>715 N W 10TH ST. GAINESVILLE FL 32601</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1082451</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, GAIL B 715 N.W. 10TH ST. GAINESVILLE FL 32601</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>After September 10, 2003, min will be \$236.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>BC</b> <input checked="" type="checkbox"/> Delete NAME <b>CURINTON, JACY</b> STREET ADDRESS <b>100 NE 8TH AVE APT 413</b> CITY-ST-ZIP <b>GAINESVILLE FL 32601</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Secretary Sarah B. Richardson</b> STREET ADDRESS <b>2940 N.W. 68th Ave.</b> CITY-ST-ZIP <b>Gainesville, FL 32653</b>		
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>HOLDEN, WILLIE</b> STREET ADDRESS <b>5717 SW 63RD BLVD</b> CITY-ST-ZIP <b>GAINESVILLE FL 32601</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Treasure Lana Gibson</b> STREET ADDRESS <b>626 SW 4th Street</b> CITY-ST-ZIP <b>Gainesville, FL 32601</b>		
TITLE <b>DS</b> <input checked="" type="checkbox"/> Delete NAME <b>CAVE, TANJA</b> STREET ADDRESS <b>2940 NW 68TH AVE</b> CITY-ST-ZIP <b>GAINESVILLE FL 32601</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Dr. Ronald Foreman</b> STREET ADDRESS <b>1616 N.W. 21st Street</b> CITY-ST-ZIP <b>Gainesville, FL 32605</b>		
TITLE <b>VC</b> <input type="checkbox"/> Delete NAME <b>MCHENRY, JILL</b> STREET ADDRESS <b>3622 NW 43RD ST</b> CITY-ST-ZIP <b>GAINESVILLE FL</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Clara Shipp</b> STREET ADDRESS <b>728 N.W. 1st Ave.</b> CITY-ST-ZIP <b>Gainesville, FL 32601</b>		
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>JONES, RANDLOPH</b> STREET ADDRESS <b>427 NW 50TH BLVD</b> CITY-ST-ZIP <b>GAINESVILLE FL 32607</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Larry Saunders</b> STREET ADDRESS <b>N.W. 7th Ave.</b> CITY-ST-ZIP <b>Gainesville, FL 32601</b>		
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>HAYES, VIRGINIA</b> STREET ADDRESS <b>1816 NW 21ST ST</b> CITY-ST-ZIP <b>GAINESVILLE FL 32601</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Phyllis Gail B. Williams</b> STREET ADDRESS <b>808 N.W. 7th Ave.</b> CITY-ST-ZIP <b>Gainesville, FL 32601</b>		
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: <u><i>Sarah B. Richardson</i></u> <b>7/16/03</b> <b>(352) 372-3338</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E037 (4/03)