

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715453

1. Entity Name

FLORIDA KINDERGARTEN COUNCIL, INC.

FILED

Jul 20, 2000 8:00 am  
Secretary of State

07-20-2000 90013 040 \*\*\*\*61.25

Principal Place of Business

SUITE 612. INTERSTATE BUILDING  
1211 NORTH WESTSHORE BOULEVARD  
TAMPA FL 33607

Mailing Address

SUITE 612. INTERSTATE BUILDING  
1211 NORTH WESTSHORE BOULEVARD  
TAMPA FL 33607

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

59-1910278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOORE, M JOANNE  
BERKELEY PREPARATORY SCHOOL  
4811 KELLY RD  
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name: Gluhm, Cherie L.  
Street Address (P.O. Box Number is Not Acceptable): Canterbury School  
8141 College Parkway  
City: Ft. Myers FL Zip Code: 33919

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 Cherie L. Gluhm, Treasurer

7/13/00

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  
After September 13, 2000 min. will be \$236.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MURRELL, KAY	
STREET ADDRESS	7010 HANLEY RD	
CITY-ST-ZIP	TAMPA, FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MOORE, M JOANNE	
STREET ADDRESS	4811 KELLY RD	
CITY-ST-ZIP	TAMPA, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	IMFELD, CAROL	
STREET ADDRESS	7400 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LARKIN, JAMES	
STREET ADDRESS	2418 SWANN AVE	
CITY-ST-ZIP	TAMPA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynne Powell	
STREET ADDRESS	7100 Davis Blvd	
CITY-ST-ZIP	Naples, FL	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gluhm, Cherie	
STREET ADDRESS	8141 College Parkway	
CITY-ST-ZIP	Ft. Myers, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 13, 2000 941-481-4323  
Date Daytime Phone #

CR2E037 (5/00)