

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90245 019 ****61.25

DOCUMENT # 715453

1. Entity Name

FLORIDA KINDERGARTEN COUNCIL, INC.



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

4. FEI Number **59-1910278**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GLUHM, CHERIE L
CANTERBURY SCHOOL
8141 COLLEGE PARKWAY
FORT MYERS FL 33919**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURRELL, KAY	
STREET ADDRESS	7010 HANLEY RD	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, M JOANNE	
STREET ADDRESS	4811 KELLY RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	IMFELD, CAROL	
STREET ADDRESS	7400 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	JDP P	<input type="checkbox"/> Delete
NAME	LARKIN, JAMES	
STREET ADDRESS	2418 SWANN AVE	
CITY-ST-ZIP	TAMPA FL 33688	
TITLE	PP PP	<input type="checkbox"/> Delete
NAME	POWELL, LYNNE	
STREET ADDRESS	7100 DAVIS BLVD	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GASTON, KATHY	
STREET ADDRESS	7715 SW 14 AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32607	

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Wood	
STREET ADDRESS	1450 S. Orlando Ave.	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie DeLoach	
STREET ADDRESS	901 N. Highland Ave	
CITY-ST-ZIP	Orlando, FL 32803	
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]

2-12-03 239-481-4323

CR2E037 (10/02)