

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90004 050 ****61.25

DOCUMENT # 719558

1. Entity Name

BABY GATOR CHILD CARE CENTER, INC.

Principal Place of Business

Mailing Address

**BUILDING #293, VILLAGE DRIVE
 UNIVERSITY OF FLORIDA
 GAINESVILLE FL 32611**

**BUILDING #293, VILLAGE DRIVE
 UNIVERSITY OF FLORIDA
 GAINESVILLE FL 32611**

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

59-1291260

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

**ELSWOOD, RUTH A
 BLDG. 293, VILLAGE DRIVE
 GAINESVILLE FL 32611**

Name **Kathy Klesmit**
 Street Address (P.O. Box Number is Not Acceptable)
Bldg 293 Village Dr.
 City **Gainesville** FL **32611**

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

Katherine Klesmit
Kathy Klesmit, Director

1/18/02

(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	D	<input checked="" type="checkbox"/> Delete
NAME	ELSWOOD, RUTH	
STREET ADDRESS	BLDG 293, VILLAGE DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32611	
TITLE	DR	<input type="checkbox"/> Delete
NAME	DEUTSCH, LARRY	
STREET ADDRESS	186 NORMAN HALL, UNIV. OF FLORIDA	
CITY-ST-ZIP	GAINESVILLE FL 32611	
TITLE	DR	<input type="checkbox"/> Delete
NAME	JONES, HAZEL	
STREET ADDRESS	G315 NORMAN HALL, UNIVER. OF FLORIDA	
CITY-ST-ZIP	GAINESVILLE FL 32611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy Klesmit	
STREET ADDRESS	Bldg 293, Village Drive	
CITY-ST-ZIP	Gainesville, FL 32611	
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 employed.

SIGNATURE:

Kathy Klesmit

Director

1/18/02

(352) 392-2330

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)