2002 UNIFORM BUSINESS REPORT (UBR) FILED Mar 25, 2002 8:00 am **DOCUMENT # 725085** 1. Entity Name **Secretary of State** MANATEE COUNTY NURSERY SCHOOLS, INC. 03-25-2002 90158 028 ****70.00 Principal Place of Business Mailing Address 2601 7TH AVE E. 2601 7TH AVE E. **BRADENTON FL 34208 BRADENTON FL 34208** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1437475 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required--6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOU HA KEEFER WEST DONNA Street Address (P.O. Box Number is Not Acceptable) LAWILER/RUTH 415 1914 CT W BRADENTON FL 34208 PALMETTO, FL 342LL City 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. DONNA L. KEEFER CHAIR 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TRUAS BM ☐ Change **X** Addition TITLE ☐ Delete TITLE NAME LAWLER, RUTH NAME MANOY CUPP 3608 540- ST. DRIVE W STREET ADDRESS 6904 ARBOR OAKS CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, ELDRUDA 34209 **BRADENTON FL. 34209** CHAIR X Addition ВМ Delete ☐ Change TITLE TITLE BONNA KEEFER ESTABAN, LQDIE NAME NAME 400 SOL AVENUE WEST STREET ADDRESS 233 15TH ST. 38ES STREET ADDRESS PALMETTO, FL 34221 CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34205 BD JICE CHAIR ☐ Change Addition ☐ Delete BARBARA TURNER NAME ALEXANDER, SHIRLEY NAME 2314 17 ch STREET WEST STREET ADDRESS STREET ADDRESS 3919 MANATEE AVE. WEST PALMETTO, FL CITY-ST-ZIP 34241 CITY-ST-ZIE BRADENTON FL 34205 TITLE B۵ TITLE Change Addition ☐ Delete NAME NAME PETRUFF, PATRICIA STREET ADDRESS STREET ADDRESS 1904 54TH ST. EAST CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34208 **BBF** 5050 ☐ Change ☐ Addition ☐ Delete TITLE Lassar, Barbara NAME NAME STREET ADDRESS STREET ADDRESS 2525 MANATEE AVE W CITY-ST-7IP CITY-ST-7IP **BRADENTON FL 34209** CD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DUKE, JAY NAME STREET ADDRESS 423 19TH ST CT_XV STREET ADDRESS CITY-ST-ZIP **BRADENTON F** 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 officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-13-02

941-722-18