

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728160

1. Entity Name

TINY TOTS NURSERY, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90092 047 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 611
104 DAVIS ST
QUINCY FL 32351-3922

P.O. BOX 611
104 DAVIS ST
QUINCY FL 32351-3922



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7358130

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

MCGILL, (WILLIAM A.)
104 DAVIS ST
QUINCY FL 32353-0611

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.

SIGNATURE

William A. McGill

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

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 PD
NAME MCGILL, (WILLIAM A)
STREET ADDRESS 104 DAVIS ST
CITY-ST-ZIP QUINCY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME FISHER, (PLEASANT M)
STREET ADDRESS 1842 ELM ST
CITY-ST-ZIP QUINCY FL ☒ Delete

TITLE
NAME LILLIE POWELL
STREET ADDRESS 433 S. CONE STREET
CITY-ST-ZIP QUINCY, FLORIDA 32351 ☒ Change ☐ Addition

TITLE D
NAME SAILOR, JOHNNY
STREET ADDRESS 1228 BERRY STREET (BERRY)
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME KELLY, VIVIAN D
STREET ADDRESS 216 PATTON STREET
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME COLSTON, ETTA J
STREET ADDRESS 229 S. CLARK STREET
CITY-ST-ZIP QUINCY FL 32351 ☒ Delete

TITLE
NAME ETHELIA L. LEWIS
STREET ADDRESS 345 JACK SCOTT ROAD
CITY-ST-ZIP QUINCY, FLORIDA 32351 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

William A. McGill 04/07/00 (850) 627-6279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E037 (9/99)