

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

08-01-2001 90202 032 \*\*\*\*70.00

**DOCUMENT # 728835**

1. Entity Name

(LA)

**GATEWAY NURSERY AND KINDERGARTEN, INC.**

Principal Place of Business

Mailing Address

641 W 4TH ST  
 JACKSONVILLE FL 32209-6739  
 US

641 W 4TH ST  
 P.O. BOX 2836  
 JACKSONVILLE FL 32209-6739  
 US

**C0074719**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*Same as Principal*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1496626**

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

**SCOTT, GWENDOLYN C**  
**641 WEST 4TH STREET**  
**JACKSONVILLE FL 32206**

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

*Gwendolyn C. Scott*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*7-27-01*

**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P**  
**DEMERS, NORM**  
**2014 KENNETH ST.**  
**JACKSONVILLE FL 32207** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
*Kenya Santiago* ☐ Change ☒ Addition  
*10132 Lone Star Road*  
*Jacksonville, FL 32220*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD**  
**SUMLAR, VANESSA**  
**6074 CAPRICE DR**  
**JACKSONVILLE, FL 00000** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
*Gary Thysper* ☐ Change ☒ Addition  
*17053 Deerwood Pl. E.*  
*Jacksonville FL 32256*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**HARZOG, BERNARD**  
**2018 WEST 16TH ST**  
**JACKSONVILLE FL 32209** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
*Susan Fleet* ☐ Change ☒ Addition  
*5320 Treble Drive*  
*Jacksonville, FL 32217*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**HASSAN, STELLA**  
**2719 SCOTT MILL LANE**  
**JACKSONVILLE FL 32223** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
*Brenda Crawford* ☐ Change ☒ Addition  
*8312 Chimney Oaks Dr*  
*Jacksonville, FL 32244*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**GROOMES, MICHELLE**  
**2033 WEST 14TH ST.**  
**JACKSONVILLE FL 32209** ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**M**  
**SCOTT, GWENDOLYN C**  
**13640 MT PLEASANT RD**  
**JACKSONVILLE FL 32225** ☐ 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 lines empowered.

SIGNATURE

*Gwendolyn C. Scott*

*7-27-01 (904) 358-1141*

CR2E037 (10/00)