

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90389 016 *****61.25

DOCUMENT # 767977

1. Entity Name

SMALL WORLD CHILDREN'S CENTER, INC.

Principal Place of Business

7505 N.W. 131 STREET
 GAINESVILLE FL 32653
 US

Mailing Address

7505 N.W. 131 STREET
 GAINESVILLE FL 32653
 US

2. Principal Place of Business

1214 NW 4 Street
 Suite, Apt. #, etc.

3. Mailing Address

3401 NW 34 Street
 Suite 1

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-2302177

Applied For

Not Applicable

Zip

32601

Country

USA

Zip

32605

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARPE, BARBARA
 1214 N.W. 4TH STREET
 GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

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

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

TITLE PST
 NAME HARPE, BARBARA
 STREET ADDRESS 1214 N.W. 4TH STREET
 CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE VD
 NAME KINARD, MILDRED
 STREET ADDRESS 1214 N.W. 4TH STREET
 CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE D
 NAME RICE, DONNA
 STREET ADDRESS 3404 N.W. 29TH TERRACE
 CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE D
 NAME HARPE, BARBARA
 STREET ADDRESS 1214 N.W. 4TH STREET
 CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE D
 NAME HARPE, CLAUDE E III
 STREET ADDRESS 7505 NW 131 ST
 CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

Barbara K. Harpe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

352
 380-0178
 Daytime Phone #

CR2E037 (10/00)