

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/5

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90283 048 \*\*\*\*61.25

**DOCUMENT # 767977**

1. Entity Name

**SMALL WORLD CHILDREN'S CENTER, INC.**

Principal Place of Business

1214 NW 4 STREET  
 GAINESVILLE FL 32601  
 US

Mailing Address

3401 NW 34 STREET  
 GAINESVILLE FL 32605  
 US

**36991**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

City & State

City & State

4. FEI Number

59-2302177

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

3401 NW 34 St., Suite 2

City

Gville, FL

FL

Zip Code

32605

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

*Barbara K. Harpe*  
 Barbara K. Harpe

4/17/02

**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	PST	<input type="checkbox"/> Delete
NAME	HARPE, BARBARA	
STREET ADDRESS	1214 N.W. 4TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KINARD, MILDRED	
STREET ADDRESS	1214 N.W. 4TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, DONNA	
STREET ADDRESS	3404 N.W. 28TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARPE, BARBARA	
STREET ADDRESS	1214 N.W. 4TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARPE, CLAUDE E III	
STREET ADDRESS	7505 NW 131 ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME	Jackie Hoover	
STREET ADDRESS	8833 NW 19 Lane	
CITY-ST-ZIP	Gville, FL 32606	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3401 NW 34 St., Suite 2	
CITY-ST-ZIP	Gville, FL 32605	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3951 W. Univ. Ave.	
CITY-ST-ZIP	Gville, FL 32607	
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	Director	<input type="checkbox"/> Change <input checked="" 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barbara K. Harpe*  
 BARBARA K. HARPE

4/17/02

Date

Daytime Phone #

(352) 380-0178

CR2E037 (9/01)