

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852161

1. Entity Name

LA PETITE ACADEMY, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90041 038 ***158.75

Principal Place of Business

Mailing Address

14 CORPORATE WOODS
8717 W 110TH ST., STE. 300
OVERLAND PARK KA 66210

14 CORPORATE WOODS
8717 W 110TH ST., STE. 300
OVERLAND PARK KA 66210-2103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1243221

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDC ☒ Delete
NAME KAHL, JAMES R
STREET ADDRESS 8717 W. 110TH STREET, #300
CITY-ST-ZIP OVERLAND PARK KS

TITLE PD ☐ Change ☒ Addition
NAME Judith A. Rogala
STREET ADDRESS 8717 W. 110th Street, Suite 300
CITY-ST-ZIP Overland Park, KS 66210

TITLE V ☒ Delete
NAME ANGLEWICZ, DAVID J
STREET ADDRESS 8717 W. 110TH STREET, #300
CITY-ST-ZIP OVERLAND PARK FL

TITLE CD ☐ Change ☒ Addition
NAME Steve Murray
STREET ADDRESS 380 Madison Ave. - 12th Floor
CITY-ST-ZIP New York, NY 10017

TITLE V ☐ Delete
NAME PERRY, REBECCA L
STREET ADDRESS 8604 MILES RD
CITY-ST-ZIP ODESSA FL 33556

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

TITLE T ☒ Delete
NAME SINGLETON, JOAN K
STREET ADDRESS 8717 W 110TH STREET
CITY-ST-ZIP OVERLAND PARK FL

TITLE D ☐ Change ☒ Addition
NAME Brian J. Richmond
STREET ADDRESS 6 Trails End
CITY-ST-ZIP Chappaqua, NY 10514

TITLE VS ☐ Delete
NAME FORD, PEGGY A
STREET ADDRESS 8717 W. 110TH STREET, #300
CITY-ST-ZIP OVERLAND PARK KS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chuck Rico - Controller 4/21/2000

Date

913-345-1250

Daytime Phone #

CR2E034 (9/99)