

2002 UNIFORM BUSINESS REPORT (UBR)

04-22-2002 90302 014 *****71.25
J56090

DOCUMENT # J56090

1. Entity Name

THE CHILDREN'S ENRICHMENT CENTER, INC.

Principal Place of Business

7979 N. 9TH AVENUE
PENSACOLA FL 32514

Mailing Address

7979 N. 9TH AVENUE
PENSACOLA FL 32514

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2784684 2783684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAVINE, KAREN V.
7979 N. 9TH AVENUE
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name

KIMBERLY BENNETT

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

4051 E OLIVE RD APT 291

City

PENSACOLA

FL

Zip Code

32514

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, 2002 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAVINE, KAREN V.	
STREET ADDRESS	4600 N. 9TH AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LAVINE, ROBERT L	
STREET ADDRESS	4600 N 9 AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBERLY BENNETT	
STREET ADDRESS	4051 E OLIVE RD APT 291	
CITY-ST-ZIP	PENSACOLA FL 32514	
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		<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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4/12/02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 APR 22 PM 12:43

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*****78.75 *****78.75

☐ Change ☐ Addition

Be 5/3

4/12/02 850-478-0104

CR2E034 (9/01)