

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

06-06-2001 90009 019 \*\*\*158.75

A0072782

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 359954  
**1. Entity Name**  
 Cheers Early Learning Center, Inc.

**Principal Place of Business** 12800 Kenwood Lane  
 St. Myers, Fl. 33907  
**Mailing Address** Same

**2. Principal Place of Business** **3. Mailing Address**

**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**

**City & State** **City & State**

**Zip** **Country** **Zip** **Country**

**4. FEI Number** 59-2817796 **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 Cartuyvelles, Richard A.  
 12800 Kenwood Lane  
 St. Myers, Fl. 33907

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!!**  
 After MAY 1, 2001  
 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**

<b>TITLE</b>	STO	<input type="checkbox"/> Delete
<b>NAME</b>	Cartuyvelles, Richard A.	
<b>STREET ADDRESS</b>	12800 Kenwood Lane	
<b>CITY - ST - ZIP</b>	St. Myers Fl. 33907	
<b>TITLE</b>	RD	<input type="checkbox"/> Delete
<b>NAME</b>	Cartuyvelles, Ralynn G.	
<b>STREET ADDRESS</b>	12800 Kenwood Lane	
<b>CITY - ST - ZIP</b>	St. Myers Fl. 33907	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
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<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

**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:**  **6/6/01** **944-275-6363**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

**Cheers Early Learning Center, Inc.**



12800 Kenwood Lane ♦ Ft. Myers, Florida 33907  
Phone (941)275-6363 ♦ Fax (941)275-5168

Attachment  
DH#559954  
AJM278

June 04, 2001

Department of State  
409 E Gaines Street  
Tallahassee, Florida 32399

Dear Sirs;

Please find enclosed our Uniform Business Report along with a check for \$158.75. We were required to file this Report on a blank form that we obtained from your Internet Web Site.

We ask that you please accept our filing fee as we have misplaced our original. Our company has had the same management for over nine years. We have been incorporated since March 4, 1987 and have always filed on time.

However, we have been faced with many changes in this new year. One of those changes has been our management. Things have been quite confusing; Administration especially. In the midst of the reorganization, our original report was misplaced and the deadline was unintentionally overlooked.

Should you review our past history, you will be certain to find that this is the first time we have filed our report beyond the deadline. We request your consideration in the abatement of penalties and ask that you accept our enclosed payment in good faith.

Sincerely,



Richard Cartuyvelles  
President