

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90063 017 \*\*\*150.00

**DOCUMENT # J82144**

1. Entity Name

**BLOOMINGDALE PRIMARY PREP, INC.**

Principal Place of Business

3721 CANOGA PARK DR.  
 723 SANDY CREEK DRIVE  
 BRANDON F 33511  
 US

Mailing Address

% CHRISTINE TERRELL  
 723 SANDY CREEK DRIVE  
 BRANDON FL 33511

2. Principal Place of Business

3721 Canoga Park Dr.  
 Suite, Apt. #, etc.  
 Brandon Florida

3. Mailing Address

3721 Canoga Park Dr.  
 Suite, Apt. #, etc.

City & State

Zip

Country

33511 Hillsborough

City & State

Zip

Country

Brandon FL 33511 Hills

4. FEI Number

59-2837756

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TERRELL, CHRISTINE  
 723 SANDY CREEK DRIVE  
 BRANDON FL 33511

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

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, 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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS TERRELL, CHRISTINE  
 CITY-ST-ZIP 723 SANDY CREEK ROAD  
 BRANDON FL

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS TERRELL, ROBERT  
 CITY-ST-ZIP 3501 MISTY OAK PLACE  
 BRANDON FL

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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  
 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: Christine Terrell (Christine Terrell)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-2001 (813) 654-1942  
 Date Daytime Phone #

CR2E034 (10/00)