

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90018 022 ****50.00

DOCUMENT # L01000001236

1. Entity Name

BRIGHT BEGINNINGS LEARNING CENTER, LLC

D/B/A Early Years Preschool

Principal Place of Business

**5176 INAGUA WAY
 NAPLES FL 34108**

Mailing Address

**5176 INAGUA WAY
 NAPLES FL 34108**

2. Principal Place of Business

250 DAVIS Blvd.

Suite, Apt. #, etc.

1

3. Mailing Address

250 DAVIS Blvd.

Suite, Apt. #, etc.

City & State

Naples FL

Zip
34104

Country

USA

City & State

Naples FL

Zip

34104

Country

USA

4. FEI Number

65 1074608

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KEELEY, PETER L ESQ.
 5551 RIDGEWOOD DRIVE
 SUITE 501
 NAPLES FL 34108**

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

1/7/02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **President** ☐ Delete
 NAME **Kristina Heitzman**
 STREET ADDRESS **6296 Towncenter Circle**
 CITY-ST-ZIP **Naples, FL 34119**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Kristina Heitzman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

1/7/02

Daytime Phone #

941-774-2674

CR2E083 (9/01)