

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L38334

1. Entity Name

TODDLERS' LEARNING CENTER, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90095 009 ***158.75

Principal Place of Business

Mailing Address

2200 SE MONTEREY RD.
 STUART FL 34996
 US

2200 SE MONTEREY RD.
 STUART FL 34996-3328
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0247045**

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

PIASECKI, GUY A
 6332 SW BANKS TER
 PALM CITY FL 34990

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

(See Below)

4/11/00

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 Delete
 NAME PD
 ELKINS, JOYCE
 STREET ADDRESS 6332 S.W. BANKS ST
 CITY-ST-ZIP PALM CITY FL

TITLE Change Addition
 NAME Utilize these
 STREET ADDRESS Individuals
 CITY-ST-ZIP zip -> 34990

TITLE Delete
 NAME VD
 PIASECKI, SHERRY L.
 STREET ADDRESS 6332 SW BANKS ST
 CITY-ST-ZIP PALM CITY FL

TITLE Change Addition
 NAME
 STREET ADDRESS zip 34990
 CITY-ST-ZIP

TITLE Delete
 NAME TSD
 CLEAVER, DEBROAH J.
 STREET ADDRESS 6332 S.W. BANKS ST
 CITY-ST-ZIP PALM CITY FL

TITLE Change Addition
 NAME Deborah
 STREET ADDRESS zip -> 34990
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Sherry L. Piasecki

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry L. Piasecki

Date

4/5/00

Daytime Phone #

CR2E034 (9/99)