

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L57891

1. Entity Name

LOXAHATCHEE COUNTRY PRESCHOOL(S), INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90149 050 ***563.75

Principal Place of Business

C/O HILDA K. MOSES
16245 PRESTWICH DR. E.
LOXAHATCHEE FL 33470

Mailing Address

C/O HILDA K. MOSES
16245 PRESTWICH DR. E.
LOXAHATCHEE FL 33470

2. Principal Place of Business

425 OLEANDER PLACE

3. Mailing Address

425 OLEANDER PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TITUSVILLE, FLORIDA

City & State

TITUSVILLE, FLA.

Zip

32780

Country

BREVARD

Zip

32780

Country

BREVARD

4. FEI Number

65-0189471

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSES, HILDA K
16245 PRESTWICH DR EAST
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name

(SAME) MOSES, HILDA K.

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

425 OLEANDER PLACE

City

TITUSVILLE, FLA.

FL

Zip Code
32780

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

(SAME) REG. AGENT

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MOSES, HILDA K 16245 PRESTWICH DR. E. LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MOSES, PAUL W 16245 OKEECHOBEE RD LOXAHATCHEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOSES, ROBERT A. 811 N. BROAD ST. LANSDALE PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
425 OLEANDER PLACE TITUSVILLE, FLA. - 32780	
D/T/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
425 OLEANDER PLACE TITUSVILLE, FLA. - 32780	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OF PAUL W. MOSES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL W. MOSES

7/26/2000

Date

(321) 385-0101

Daytime Phone #