

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90005 034 ***163.75

DOCUMENT # L57891

1. Entity Name

LOXAHATCHEE COUNTRY PRESCHOOL(S), INC.

Principal Place of Business

C/O HILDA K. MOSES
 425 OLEANDER PLACE
 TITUSVILLE FL 32780

Mailing Address

C/O HILDA K. MOSES
 425 OLEANDER PLACE
 TITUSVILLE FL 32780

(DBA) A LITTLE COUNTRY PRESCHOOL (A SUBSIDIARY)

2. Principal Place of Business

TITUSVILLE, FLORIDA

3. Mailing Address

305 ACORN DR.

Suite, Apt. #, etc.

ABOVE BLOCK #1 IS CORRECT

Suite, Apt. #, etc.

City & State

TITUSVILLE, FLORIDA

City & State

TITUSVILLE, FLORIDA

Zip

32780

Country

BREVARD

Zip

32780

Country

BREVARD

4. FEI Number

65-0189471

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOSES, HILDA K
 425 OLEANDER PLACE
 TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name

NONE

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.

NO

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PO
 MOSES, HILDA K
 425 OLEANDER PLACE
 TITUSVILLE FL 32780 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DTVS
 MOSES, PAUL W
 425 OLEANDER PLACE
 TITUSVILLE FL 32780 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

PAUL W. MOSES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL W. MOSES

SEC./TREAS. JAN. 19, 2002

Date

Daytime Phone #

(321)385-0101

CR2E034 (9/01)