

DOCUMENT # M85094

1. Entity Name

BURRELL'S KINDERGARTEN & NURSERY SCHOOL, INC.



FILED
Mar 05, 2007 08:00 AM
Secretary of State



Principal Place of Business

 4162 SPRING PARK CIRCLE
 JACKSONVILLE FL 32207
 US

Mailing Address

 4162 SPRING PARK CIRCLE
 JACKSONVILLE FL 32207

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2951963

Applied For

Not Applicable

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

 BURRELL, GEORGE T
 7614 HILSDALE RD
 JACKSONVILLE FL 32216

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE: D ☐ Delete
 NAME: BURRELL, GEORGE
 STREET ADDRESS: 7614 HILDALE RD.
 CITY-STATE-ZIP: JACKSONVILLE FL 32216

 TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: 03/13/07-20100-016 150.00
 CITY-STATE-ZIP:

 TITLE: D ☐ Delete
 NAME: BURRELL, BESSIE M.
 STREET ADDRESS: 4162 SPRING PARK CIRCLE
 CITY-STATE-ZIP: JACKSONVILLE FL

 TITLE: ☐ Change ☐ Addition
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 STREET ADDRESS:
 CITY-STATE-ZIP:

 TITLE: ☐ Delete
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 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #