

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90132 001 ****61.25
 05-19-2002 90132 002 ****8.75

DOCUMENT # N00000005418

1. Entity Name

DRE'S PLAYHOUSE EXCEPTIONAL CHILD CARE AND DEVELOPMENT CENTER, INC.

Principal Place of Business

Mailing Address

216 IVEY LANE
 ORLANDO FL 32811

POST OFFICE BOX 585352
 ORLANDO FL 32858-5352

2. Principal Place of Business

3024 N. Powers Dr.

3. Mailing Address

Suite, Apt. #, etc.

116

City & State

Orlando, FL

Zip

Country

32818

USA

4. FEI Number

59-3641408

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JONES, TONJA O
 5602 SILVER STAR RD
 APT # 641
 ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name

Tonja O. Jones

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

3024 N. Powers Dr. Apt. 116
 City: Orlando FL Zip Code 32818

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: *Tonja O. Jones* Tonja O. Jones

(NOTE: Registered Agent signature required when reinstating)

DATE

April 29, 2002

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME JONES, TONJA ☐ Delete
 STREET ADDRESS 5602 SILVER STAR RD # 641
 CITY-ST-ZIP ORLANDO FL 32808

TITLE VPD
 NAME JONES, AUNDRE ☐ Delete
 STREET ADDRESS 5602 SILVER STAR RD # 641
 CITY-ST-ZIP ORLANDO FL 32808

TITLE TT
 NAME BLOUNT, LAWRENCE ☐ Delete
 STREET ADDRESS 216 MAGNOLIA
 CITY-ST-ZIP PERRY FL 32348

TITLE ST
 NAME WALKER, TREVA ☐ Delete
 STREET ADDRESS 107 BELAIR ST
 CITY-ST-ZIP PERRY FL 32348

TITLE M ☒ Delete
 NAME DENNISON, MADEIROS
 STREET ADDRESS 5602 SILVER STAR RD # 641
 CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☐ Addition
 NAME Tonja Jones
 STREET ADDRESS 3024 N Powers Dr. #116
 CITY-ST-ZIP Orlando, FL 32818

TITLE YPD ☐ Change ☐ Addition
 NAME Aundre Jones
 STREET ADDRESS 4353 Shadow Crest Place
 CITY-ST-ZIP Orlando, FL 32811

TITLE TT ☒ Change ☐ Addition
 NAME Wilfrid Paul
 STREET ADDRESS 3024 N. Powers Dr. #205
 CITY-ST-ZIP Orlando, FL 32818

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

TITLE CT ☒ Change ☐ Addition
 NAME Lawrence Blount
 STREET ADDRESS 216 Magnolia St.
 CITY-ST-ZIP Perry, FL 32348

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

CR2E037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tonja O. Jones* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (407)253-607

Date

Daytime Phone #