

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90122 023 ****61.25

DOCUMENT # N00000008049

1. Entity Name

EARLY YEARS EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

**5551 RIDGEWOOD DRIVE SUITE 501
 NAPLES FL 34108**

**5551 RIDGEWOOD DRIVE SUITE 501
 NAPLES FL 34108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1061029

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

**BRADLEY, TODD L ESQ
 GRANT FRIDKIN PEARSON ET AL
 5551 RIDGEWOOD DRIVE SUITE 501
 NAPLES FL 34108**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **KIRKPATRICK, SHARON**
 STREET ADDRESS **5551 RIDGEWOOD DRIVE SUITE 501**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **P** ☐ Change ☒ Addition
 NAME **Dr. Cary Church**
 STREET ADDRESS **5551 Ridgewood Dr. Su 501**
 CITY-ST-ZIP **Naples, FL 34108**

TITLE **D** ☒ Delete
 NAME **DEHART, DONNA**
 STREET ADDRESS **5551 RIDGEWOOD DRIVE SUITE 501**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** ☐ Change ☒ Addition
 NAME **Ken Lloyd**
 STREET ADDRESS **5551 Ridgewood Dr. Su. 501**
 CITY-ST-ZIP **Naples, FL 34108**

TITLE **D** ☐ Delete
 NAME **ATHAN, G. HELEN**
 STREET ADDRESS **5551 RIDGEWOOD DRIVE SUITE 501**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** ☐ Change ☒ Addition
 NAME **Mary Bryant**
 STREET ADDRESS **5551 Ridgewood Dr. Su. 501**
 CITY-ST-ZIP **Naples, FL 34108**

TITLE **D** ☒ Delete
 NAME **TANT, SUSAN**
 STREET ADDRESS **5551 RIDGEWOOD DRIVE SUITE 501**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **S** ☐ Change ☒ Addition
 NAME **Barbara Fitzgerald**
 STREET ADDRESS **5551 Ridgewood Dr. Su. 501**
 CITY-ST-ZIP **Naples, FL 34108**

TITLE **D** ☐ Delete
 NAME **LLOYD, THERESE**
 STREET ADDRESS **5551 RIDGEWOOD DRIVE SUITE 501**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** ☐ Change ☒ Addition
 NAME **Kevin Condon**
 STREET ADDRESS **5551 Ridgewood Dr. Su. 501**
 CITY-ST-ZIP **Naples, FL 34108**

TITLE **D** ☒ Delete
 NAME **MCKENRY, PAM**
 STREET ADDRESS **5551 RIDGEWOOD DRIVE SUITE 501**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** ☐ Change ☒ Addition
 NAME **Elaine Orr**
 STREET ADDRESS **5551 Ridgewood Dr. Su. 501**
 CITY-ST-ZIP **Naples, FL 34108**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02

941-514-1000

Date

Daytime Phone #

CR2E037 (9/01)