

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90823 037 ****61.25

DOCUMENT # N00000008049

1. Entity Name
EARLY YEARS EDUCATION FOUNDATION, INC.



Principal Place of Business
**5551 RIDGEWOOD DRIVE SUITE 501
NAPLES FL 34108**

Mailing Address
**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



☐ CHECK HERE IF MAKING CHANGES

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. 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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME P CHURCH, CARY STREET ADDRESS CITY-ST-ZIP 5551 RIDGEWOOD DRIVE SUITE 501 NAPLES FL 34108 <input type="checkbox"/> Delete	TITLE NAME D Condon, Kevin STREET ADDRESS CITY-ST-ZIP 7074 Sugar Magnolia Circle Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D LLYOD, KEN STREET ADDRESS CITY-ST-ZIP 5551 RIDGEWOOD DRIVE SUITE 501 NAPLES FL 34108 <input type="checkbox"/> Delete	TITLE NAME D Orr, Elaine STREET ADDRESS CITY-ST-ZIP 1680 Barbarosa Ct Marco Island, FL 34145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D ATHAN, G. HELEN STREET ADDRESS CITY-ST-ZIP 5551 RIDGEWOOD DRIVE SUITE 501 NAPLES FL 34108 <input type="checkbox"/> Delete	TITLE NAME D Warburton, Art STREET ADDRESS CITY-ST-ZIP 850 Barcarmil Way Naples, FL 34108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D BRYANT, MARY STREET ADDRESS CITY-ST-ZIP 5551 RIDGEWOOD DRIVE SUITE 501 NAPLES FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D LLOYD, THERESE STREET ADDRESS CITY-ST-ZIP 5551 RIDGEWOOD DRIVE SUITE 501 NAPLES FL 34108 <input checked="" type="checkbox"/> Delete	TITLE NAME T Lloyd Therese STREET ADDRESS CITY-ST-ZIP 5551 Ridgewood Dr. Su. 501 Naples, FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME S FITZGERALD, BARBARA STREET ADDRESS CITY-ST-ZIP 5551 RIDGEWOOD DRIVE SUITE 501 NAPLES FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Therese Lloyd*

2-12-03

239-594-8685

CR2E037 (10/02)