

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

FILED
Jun 04, 2003 8:00 am
Secretary of State

04-17-2003 90203 012 ****70.00

DOCUMENT # N01000000333

1. Entity Name

LITTLE FRIENDS LEARNING CENTER OF CITRUS COUNTY, INC.



Principal Place of Business

Mailing Address

**416 US HWY 41 SOUTH
INVERNESS FL 33450**

**416 US HWY 41 SOUTH
INVERNESS FL 33450**

55046147

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 **59-1873744**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GAFFNEY, KAREN O
221 W MAIN STREET STE D
INVERNESS FL 34450**

7. Name and Address of New Registered Agent

Name **KAREN WETHERINGTON**
Street Address (P.O. Box Number is Not Acceptable)
3828 N ISALA APOKA
Hernando
City **FL** Zip Code **34441**

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

Karen M. Wetherington
KAREN M. WETHERINGTON

(NOTE: Registered Agent signature required when reinstating)

4/14/03
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

TITLE	D	<input type="checkbox"/> Delete
NAME	CELANO, VIC	
STREET ADDRESS	416 US HWY 41 SOUTH	
CITY-ST-ZIP	INVERNESS FL 33450	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, DON	
STREET ADDRESS	416 US HWY 41 SOUTH	
CITY-ST-ZIP	INVERNESS FL 33450	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, TONY	
STREET ADDRESS	416 US HWY 41 SOUTH	
CITY-ST-ZIP	INVERNESS FL 33450	
TITLE	D	<input type="checkbox"/> Delete
NAME	WETHERINGTON, JOHN	
STREET ADDRESS	416 US HWY 41 SOUTH	
CITY-ST-ZIP	INVERNESS FL 33450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

John C. Wetherington
JOHN C. WETHERINGTON

Daytime Phone #

**5/31/03 362
726-4524**

CR2ED37 (10/02)