

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04929

1. Entity Name

BIG PINE COOPERATIVE PRESCHOOL, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90200 018 ****61.25

Principal Place of Business C/O BIG PINE METHODIST CHURCH KEY DEER BLVD BIG PINE KEY FL 33043 US	Mailing Address P O BOX 430811 BIG PINE KEY FL 33043-0811 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Sugarloaf Elem. School Suite, Apt. #, etc. 255 Crane Blvd. City & State Summerland Key FL Zip 33042 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2437656	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SWANSON, ANNE KEY DEER BLVD KEY DEER BLVD BIG PINE KEY FL 33043

7. Name and Address of New Registered Agent Name Christine J. Harris -Street Address (P.O. Box Number is Not Acceptable) 30730 Watson Blvd City Big Pine Key FL Zip Code 33043
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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 Christine J. Harris Director / Pres. 1-11-00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANSON, ANNE 1210 CRANE BLVD SUGARLOAF KEY FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANGELA DRISCOLL 1045 COPPITT RD KEY WEST FL 33040 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOYNER, LORI 27989 LOBSTERTAIL TRAIL SUMMERLAND KEY FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEINRICH, SHARON 30824 PINEWOOD LN BIG PINE KEY FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Christine J. Harris 30730 Watson Blvd. Big Pine Key FL 33043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Alexandra Smith 27406 Martinique Ln. Rampart Key FL 33042 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Dawn Mulroney 30443 Date Row Big Pine Key FL 33043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lorraine Vosburgh 31045 Ave. B Big Pine Key FL 33043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Christine J. Harris Director 1/11/00 305-872-0915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)