

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

05-17-2001 91352 015 ****61.25

DOCUMENT # N04929

1. Entity Name

BIG PINE COOPERATIVE PRESCHOOL, INC.

Principal Place of Business

SUGARLOAF ELEMENTARY SCHOOL
 255 CRANE BLVD
 SUMMERLAND KEY FL 33042
 US

Mailing Address

P O BOX 430811
 BIG PINE KEY FL 33043
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Big Pine Neighborhood School
 Suite, Apt. #, etc.
 30220 Overseas Hwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

Big Pine Key FL

City & State

4. FEI Number

59-2437656

Applied For

Not Applicable

Zip

33043

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HARRIS, CHRISTINE J
 30730 WATSON BLVD
 KEY DEER BLVD
 BIG PINE KEY FL 33043

7. Name and Address of New Registered Agent

Name

Sharon W. Helms

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

642 Diane Ave

City

Little Torch Key

FL

Zip Code

33042

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

Sharon W. Helms

Sharon W. Helms

7-5-01

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

After September 12, 2001, min. will be \$236.25

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 ☐ Delete
 NAME D
 STREET ADDRESS SWANSON, ANNE
 CITY-ST-ZIP 1210 CRANE BLVD
 SUGARLOAF KEY FL

TITLE ☐ Delete
 NAME T
 STREET ADDRESS ANGELA DRISCOLL
 CITY-ST-ZIP 1045 COPPITT RD
 KEY WEST FL 33040

TITLE ☐ Delete
 NAME S
 STREET ADDRESS JOYNER, LORI
 CITY-ST-ZIP 27989 LOBSTERTAIL TRAIL
 SUMMERLAND KEY FL

TITLE ☐ Delete
 NAME T
 STREET ADDRESS HEINRICH, SHARON
 CITY-ST-ZIP 30824 PINWOOD LN
 BIG PINE KEY FL

TITLE ☐ Delete
 NAME DP
 STREET ADDRESS HARRIS, CHRISTINE J
 CITY-ST-ZIP 30730 WATSON BLVD
 BIG PINE KEY FL 33043

TITLE ☐ Delete
 NAME VP
 STREET ADDRESS SMITH, ALEXANDER
 CITY-ST-ZIP 27406 MARTINIQUE LANE
 BIG PINE KEY FL 33043

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME D
 STREET ADDRESS Sharon Helms
 CITY-ST-ZIP 642 DIANE AVE
 LITTLE TORCH KEY FL 33042

TITLE ☒ Change ☐ Addition
 NAME T
 STREET ADDRESS SUSAN MURPHY
 CITY-ST-ZIP 218 PELICAN LAKE
 BIG PINE KEY FL 33043

TITLE ☒ Change ☐ Addition
 NAME S
 STREET ADDRESS BONNIE LEITE
 CITY-ST-ZIP 1655 SUNRISE DR
 BIG PINE KEY FL 33043

TITLE ☒ Change ☐ Addition
 NAME S
 STREET ADDRESS Shannon McCullah
 CITY-ST-ZIP 29058 GERANIUM DR
 BIG PINE KEY FL 33043

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

TITLE ☐ Change ☐ 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)(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:

Sharon W. Helms

7-5-01

305-872-5491

CR2E037 (5/01)