

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N04929**

1. Entity Name

BIG PINE COOPERATIVE PRESCHOOL, INC.**FILED**
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90080 050 ****61.25

Principal Place of Business

Mailing Address

BIG PINE NEIGHBORHOOD SCHOOL
30220 OVERSEAS HWY
BIG PINE KEY FL 33043
US**P O BOX 430811**
BIG PINE KEY FL 33043
US

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

59-2437656

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****HELMS, SHARON W.**
642 DIANE AVENUE
LITTLE TORCH KEY FL 33042

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 \$61.259. 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 **HELMS, SHARON**
STREET ADDRESS **642 DIANE AVENUE**
CITY-ST-ZIP **LITTLE TORCH KEY FL 33042**TITLE **C** ☐ Change ☒ Addition
NAME **Jacquelyn Kennedy-Russo**
STREET ADDRESS **35 Palmetto Ave**
CITY-ST-ZIP **Big Pine Key, FL 33043**TITLE **T** ☒ Delete
NAME **MURPHY, SUSAN**
STREET ADDRESS **218 PELICAN LANE**
CITY-ST-ZIP **BIG PINE KEY FL 33043**TITLE **T** ☐ Change ☒ Addition
NAME **Kathy Landrum**
STREET ADDRESS **178 E. Sandy Circle**
CITY-ST-ZIP **Big Pine Key, FL 33043**TITLE **ST** ☐ Delete
NAME **LEITE, BONNIE**
STREET ADDRESS **1655 SUNRISE DRIVE**
CITY-ST-ZIP **BIG PINE KEY FL 33043**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ST** ☐ Delete
NAME **MCCULLAH, SHANNON**
STREET ADDRESS **29058 BERANIUM DRIVE**
CITY-ST-ZIP **BIG PINE KEY FL 33043**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DP** ☒ Delete
NAME **HARRIS, CHRISTINE J**
STREET ADDRESS **30730 WATSON BLVD**
CITY-ST-ZIP **BIG PINE KEY FL 33043**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☒ Delete
NAME **SMITH, ALEXANDER**
STREET ADDRESS **27406 MARTINIQUE LANE**
CITY-ST-ZIP **BIG PINE KEY FL 33043**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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/28/02**
Date**305/872-0088**
Daytime Phone #

CR2E037 (9/01)