

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08468

1. Entity Name

MISS MINNIE'S LITTLE PEOPLE PRESCHOOL, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90001 014 ****70.00

Principal Place of Business

1207 E JACKSON
1207 E. JACKSON AVE.
MT DORA FL 32757
US

Mailing Address

1207 E JACKSON AVE
1207 E. JACKSON AVE.
MT DORA FL 32757
US

A0077787



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2505314

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NIX, MINNIE
1207 E. JACKSON AVENUE
MT. DORA FL 32757

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 \$61.25

After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME NIX, BOBBY
STREET ADDRESS 1406 EL LIMIT AVENUE
CITY-ST-ZIP MOUNT DORA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME JACKSON, CARRIE
STREET ADDRESS P.O. BOX 59/WADSWORTH RD
CITY-ST-ZIP TANGERINE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME CLARK, TINA
STREET ADDRESS 1304 LOUIS CT
CITY-ST-ZIP EUSTIS FL 32726

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DM
NAME NIX, MINNIE
STREET ADDRESS 1406 E LIMIT AVE
CITY-ST-ZIP MT DORA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Minnie Nix
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/00

352-383-1090

Date

Daytime Phone #

CR2E037 (5/00)