

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90841 001 \*\*\*183.75

**DOCUMENT # N17104**

1. Entity Name

**GREATER ST. PAUL DAY CARE & KINDERGARTEN CENTER, INC.**

Principal Place of Business

**1130 N. WEBSTER AVENUE  
C/O REV. N.S. SANDERS  
LAKELAND FL 33805**

Mailing Address

**1130 N. WEBSTER AVENUE  
C/O REV. N.S. SANDERS  
LAKELAND FL 33805**

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

**59-1958572**

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

**SANDERS, N.S.  
1130 N. WEBSTER AVENUE  
LAKELAND FL 33805**

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

**4/17/02**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **SANDERS, N.S.**  
STREET ADDRESS **1131 N. WEBSTER AVENUE**  
CITY-ST-ZIP **LAKELAND FL**

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

TITLE **D** ☐ Delete  
NAME **STILLS, DALE**  
STREET ADDRESS **2261 CRYSTAL COVE LANE**  
CITY-ST-ZIP **LAKELAND FL**

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

TITLE **S** ☐ Delete  
NAME **DUNN, ANNETTE M.**  
STREET ADDRESS **606 PONDEROSA DR. W.**  
CITY-ST-ZIP **LAKELAND FL**

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

TITLE **D** ☐ Delete  
NAME **PARAMORE, JAMES**  
STREET ADDRESS **3505 LORI LANE SOUTH**  
CITY-ST-ZIP **LAKELAND FL**

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

TITLE **D** ☐ Delete  
NAME **NIBLACK, RUTH**  
STREET ADDRESS **1935 LAVON STREET**  
CITY-ST-ZIP **LAKELAND FL**

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

TITLE **D** ☐ Delete  
NAME **STANDLEY, JOE**  
STREET ADDRESS **646 WHITEHURST STREET**  
CITY-ST-ZIP **LAKELAND FL 33805**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/02 863-683-3662**

Date

Daytime Phone #

CR2E037 (9/01)