

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26254

1. Entity Name

EARLY YEARS LEARNING CENTER OF GAINESVILLE, INC.

Principal Place of Business

Mailing Address

3146 N.W. 13TH STREET
GAINESVILLE FL 32609

C/O LINDA ANDREWS
3146 N.W. 13TH STREET
GAINESVILLE FL 32609

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

59-2890729

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

ANDREWS, LINDA
3146 N.W. 13TH STREET
GAINESVILLE FL 32609

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

Linda Andrews

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME ANDREWS, LINDA
STREET ADDRESS 6980 BAHIA ROAD
CITY-ST-ZIP OCALA FL 34472

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

TITLE D ☒ Delete
NAME GRATER, JEFF
STREET ADDRESS 556 NW 31ST AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ Change ☒ Addition
NAME Layla Ward
STREET ADDRESS 5820 SW 80th St
CITY-ST-ZIP Gainesville FL 32608

TITLE DP ☐ Delete
NAME ANDREWS, LINDA
STREET ADDRESS 6980 BAHIA ROAD
CITY-ST-ZIP OCALA FL 34472

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

TITLE D ☒ Delete
NAME GRATER, JEFF
STREET ADDRESS 556 NW 31ST AVE
CITY-ST-ZIP GAINESVILLE FL

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

TITLE T ☐ Delete
NAME HAUSE, JULIE
STREET ADDRESS 14693 NW 174TH LN
CITY-ST-ZIP ALACHUA FL 32615

TITLE T ☐ Change ☒ Addition
NAME Kari Cronin
STREET ADDRESS 6015 NW 90th St
CITY-ST-ZIP Gainesville FL 32653

TITLE ☐ Delete
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:

Linda Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda L. Andrews 4/3/02 302-373-7183

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90042 042 ****61.25



DO NOT WRITE IN THIS SPACE

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