

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
 01-30-2001 90011 040 ****70.00

DOCUMENT # N32260

1. Entity Name

SMALL WORLD DAY CARE OF CITRUS COUNTY, INC.

Principal Place of Business

C/O LYNNE OLIVER
 242 NE 7TH TERRACE
 CRYSTAL RIVER FL 34428
 US

Mailing Address

C/O LYNNE OLIVER
 242 NE 7TH TERRACE
 CRYSTAL RIVER FL 34428
 US

2. Principal Place of Business

243 N.E. 7th Terrace

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crystal River, FL

City & State

City & State

Zip

34428

Country

Citrus

Zip

Zip

Country

Country

4. FEI Number

59-2945128

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

**OLIVER, LYNNE
 242 NE 7TH TERRACE
 CRYSTAL RIVER FL 34428**

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**

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 **D** ☐ Delete
 NAME **OLIVER, LYNNE**
 STREET ADDRESS **242 NE 7TH TERRACE**
 CITY-ST-ZIP **CRYSTAL RIVER FL**

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

TITLE **D** ☒ Delete
 NAME **TOBIASSEN, ANGELA**
 STREET ADDRESS **242 NE 7TH TERR**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE **D** ☒ Change ☐ Addition
 NAME **DeVaughn, Gerri**
 STREET ADDRESS **1366 S. Rockcrusher Rd**
 CITY-ST-ZIP **HOMESASSA, FL 34448**

TITLE **D** ☐ Delete
 NAME **STARLING, GINA**
 STREET ADDRESS **9450 W GREEN BAY LN**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: Lynne Oliver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01

79-58597

Date

Daytime Phone #

CR2E037 (10/00)