

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

0046487

**DOCUMENT # N39243**

1. Entity Name

**KIDDIE ACADEMY OF WEST BROWARD, INC.**

Principal Place of Business

1050 NW 43RD AVE  
 PLANTATION FL 33313

Mailing Address

1050 NW 43RD AVE  
 PLANTATION FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0211889**

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

**SPENCER, RUTH  
 11118 N.W. 37 STREET  
 FORT LAUDERDALE FL 33351**

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 **PD** ☐ Delete  
 NAME **SPENCER, RUTH**  
 STREET ADDRESS **11118 N.W. 37 STREET**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33351**

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

TITLE **TD** ☐ Delete  
 NAME **SMITH, CAROL**  
 STREET ADDRESS **2310 NW 115 DRIVE**  
 CITY-ST-ZIP **POMPANO BEACH FL 33065** *Coral Springs FL 33065*

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

TITLE **TD** ☐ Delete  
 NAME **CHRISTIAN, GLORIA**  
 STREET ADDRESS **3550 NW 42 STREET**  
 CITY-ST-ZIP **LAUDERHILL FL 33319**

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

TITLE **D** ☐ Delete  
 NAME **STOKES, SANDRA**  
 STREET ADDRESS **3811 N.W. 8 COURT**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

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

TITLE **Gloria M. Wallen VD** ☐ Delete  
 NAME **4280 N.W. 36th Ave.**  
 STREET ADDRESS **Lauderdale Lakes, FL 33309**  
 CITY-ST-ZIP

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

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:

*Colman M. Feltz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-16-2001 954-792-0026**

Date

Daytime Phone #

CR2E037 (10/00)