

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51415

1. Entity Name

RICHARDSON PLAY SCHOOL & NURSERY, INC.



FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90100 006 ****70.00

Principal Place of Business

206 EAST FRONIE STREET
LAKE CITY FL 32055

Mailing Address

P O BOX 2936
LAKE CITY FL 32056-2936
US

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 **59-3134977**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PARNELL, ASHLEY
418 OLD COUNTRY CLUB RD
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name **TUNSIL, JOYCE P.**

Street Address (P.O. Box Number is Not Acceptable)

RR 14, BOX 1559

City **LAKE CITY**

FL

Zip Code **32024**

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 *Joyce P. Tunsil* **Joyce P. Tunsil**

8/14/00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, DAVID 1386 E ST JOHNS STREET LAKE CITY FL 32025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUNSIL, JOYCE P P.O. BOX 3725 LAKE CITY FL 32056-3725	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PINKSTON, MILDRED V RT. 1, BOX 411 LAKE CITY FL 32055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BICKERSTAFF, HOSEA P.O BOX 1434 LAKE CITY FL 32056-1434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, WILLIE B. ROUTE 1, BOX 271 LAKE CITY FL 32055	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARNELL, ASHLEY 418 OLD COUNTRY CLUB RD LAKE CITY FL 32055	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, DAVIDA 3318 E. TRIBBLE STREET LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GALLOWAY, RENTZ RR 1, BOX 516 LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FORD, GERALD RR 1, BOX 464-F LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Joyce P. Tunsil* **Joyce P. Tunsil** **8/14/00** **904/752-7844**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)