

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51415

1. Entity Name

RICHARDSON PLAY SCHOOL & NURSERY, INC.

Principal Place of Business

206 EAST FRONIE STREET
LAKE CITY FL 32055

Mailing Address

P O BOX 2936
LAKE CITY FL 32056
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3134977

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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)

RFD 29 BOX 2429

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, Secretary

8/24/01

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
After September 12, 2001, min. will be \$236.25

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 PD
NAME LEE, DAVID ☐ Delete
STREET ADDRESS 1386 E ST JOHNS STREET
CITY-ST-ZIP LAKE CITY FL 32025

TITLE SD
NAME TUNSIL, JOYCE P ☐ Delete
STREET ADDRESS P.O. BOX 3725
CITY-ST-ZIP LAKE CITY FL 32056-3725

TITLE TD
NAME PINKSTON, MILDRED V ☐ Delete
STREET ADDRESS RT. 1, BOX 411
CITY-ST-ZIP LAKE CITY FL 32055

TITLE TD
NAME BICKERSTAFF, HOSEA ☐ Delete
STREET ADDRESS P.O BOX 1434
CITY-ST-ZIP LAKE CITY FL 32056-1434

TITLE D
NAME ALLEN, WILLIE B. ☒ Delete
STREET ADDRESS ROUTE 1, BOX 271
CITY-ST-ZIP LAKE CITY FL 32055

TITLE D
NAME PARNELL, ASHLEY ☒ Delete
STREET ADDRESS 418 OLD COUNTRY CLUB RD
CITY-ST-ZIP LAKE CITY FL 32055

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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

Joyce P. Tunsil, Joyce P. Tunsil

8/24/01 386/752-7844

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90016 030 ****70.00



DO NOT WRITE IN THIS SPACE

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