

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006254

1. Entity Name

TREASURE ISLAND PRE-SCHOOL CORP.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90034 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1515 TAMiami TRAIL  
PUNTA GORDA FL 33950  
US

1515 TAMiami TRAIL  
PUNTA GORDA FL 33950-5909  
US

2. Principal Place of Business

3. Mailing Address

3941 Tamiami Trail

3941 Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #1133

Suite #1133

City & State

City & State

Punta Gorda, FL

Punta Gorda, FL

Zip

Zip

33950

Charlotte

33950

Charlotte



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0540569

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

BROOKBANK, ANNA  
9241 SWEDEN BLVD  
PUNTA GORDA FL 33982

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 BROOKBANK, ANNA  
STREET ADDRESS 9241 SWEDEN BLVD  
CITY-ST-ZIP PUNTA GORDA FL

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

TITLE VPD ☐ Delete  
NAME SZWAYA, JAMES  
STREET ADDRESS 1181 N NEWLAND AVE  
CITY-ST-ZIP CHICAGO IL 60635

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

TITLE S ☐ Delete  
NAME BROOKBANK, ROBERT  
STREET ADDRESS 9241 SWEDEN BLVD  
CITY-ST-ZIP PUNTA GORDA FL 33982

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

TITLE TD ☐ Delete  
NAME SZWAYA, MARTA  
STREET ADDRESS 1811 N NEWLAND AVE  
CITY-ST-ZIP CHICAGO IL 60635

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

TITLE ☐ Delete  
NAME Historian  
STREET ADDRESS Amy Goodenow  
CITY-ST-ZIP 3941 Tamiami Trail  
Punta Gorda, FL 33950

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anna Brookbank

3-30-00

941-575-1991

Date

Daytime Phone #

CR2E037 (9/99)