

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006254

1. Entity Name

TREASURE ISLAND PRE-SCHOOL CORP.

FILED

Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90155 015 ****61.25

Principal Place of Business

Mailing Address

TAMIAMI TRAIL
#1133
PUNTA GORDA FL 33950

3941 TAMIAMI TRAIL
STE #1133
PUNTA GORDA FL 33950
US

2. Principal Place of Business

3941 tamiami tr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE H
NAME NAZZAVESSE, DEBBIE
STREET ADDRESS 3944 TAMIAMI TRAIL #1133
CITY-ST-ZIP PUNTA GORDA FL 33950

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PV
NAME MORRIS, MAUREEN
STREET ADDRESS 3944 TAMIAMI TRAIL #1133
CITY-ST-ZIP PUNTA GORDA FL 33950

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.14.02 941.575.1991

CR2E037 (9/01)