

2000 UNIFORM BUSINESS REPORT (UBR)

152

FILED

00 JUL -6 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000063284**
1. Entity Name
CREATIVE KIDS PRESCHOOL, INC.

Principal Place of Business
**5301 SE 110TH ST.
BELLEVUE, FL 34420**
Mailing Address
**2841 SW 20TH ST.
OCALA, FL 34474**

2. Principal Place of Business
5301 SE 110TH ST.
Suite, Apt. #, etc.
3. Mailing Address
2841 SW 20TH ST.
Suite, Apt. #, etc.

City & State
BELLEVUE, FL
City & State
OCALA, FL
Zip
34420
Country
USA
Zip
34474
Country
USA

4. FEI Number
59-3330833
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FREDERICK O. SCHWEITZ
400 SW 48TH ST. RD.
OCALA, FL 34474**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE	<input type="checkbox"/> Delete		
NAME	D		
STREET ADDRESS	DIANE CURTIS		
CITY-ST-ZIP	1536 SE 27TH ST. OCALA, FL 34474		
TITLE	<input type="checkbox"/> Delete		
NAME	D		
STREET ADDRESS	GLENNA CLEMENT		
CITY-ST-ZIP	5301 SE 110TH ST. BELLEVUE, FL 34420		
TITLE	<input type="checkbox"/> Delete		
NAME	P/D		
STREET ADDRESS	FREDERICK O. SCHWEITZ		
CITY-ST-ZIP	400 SW 48TH ST. RD. OCALA, FL 34474		
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FREDERICK O. SCHWEITZ** **6/27/00 (352) 237-6149**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (9/99)