

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000141

1. Entity Name

BETSY NAGELSEN'S A PLACE IN THE HEART, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90095 049 ****61.25

Principal Place of Business

9600 McCormack Place
Windermere, FL 34786

Mailing Address

9600 McCormack Place
Windermere, FL 34786

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
59-3357131

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

Nagelsen McCormack, Betsy
9600 McCormack Place
Windermere, FL 34786

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

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

TITLE D ☐ Delete
NAME Nagelsen McCormack, Betsy
STREET ADDRESS 9600 McCormack Place
CITY-ST-ZIP Windermere, FL 34786

TITLE D ☐ Delete
NAME Nagelsen, James Robert Jr.
STREET ADDRESS 420 Cerromar Court, #226
CITY-ST-ZIP Venice, FL 34285

TITLE D ☐ Delete
NAME Trollinger, Sara E
STREET ADDRESS 1010 West 30th Street
CITY-ST-ZIP Orlando, FL 32805

TITLE D ☐ Delete
NAME Gabri, Patty M
STREET ADDRESS 11059 Schooner Way
CITY-ST-ZIP Windermere, FL 34786

TITLE D ☐ Delete
NAME Sahag, Walker
STREET ADDRESS 5 Northpointe Cove
CITY-ST-ZIP Jackson, MS 39211

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)