

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 03, 2001 8:00 am
Secretary of State

07-03-2001 90002 014 ****61.25

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1. Entity Name

KATHY'S ALL THINGS DAY CARE AND LEARNING CENTER,



Principal Place of Business

Mailing Address

1079 KUSHMER ST
 BELL FL 32619

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 BELL FL 32619

80059487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3485377

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPEARS, WILLIE JR.
3650 N.W. 52ND PLACE
BELL FL 32619-9539

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

Willie Spears, Jr.

6/29/01

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	SPEARS, WILLIE JR.	3650 N.W. 52ND PLACE	BELL FL 32619-9539	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD	SPEARS, KATHY JR.	3650 N.W. 52ND PLACE	BELL FL 32619-9539	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	WASSON, KAREN	8751 N.W. 111TH LANE	CHIEFLAND FL 32626	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	LANGSTON, LARRY	32095 US 129	BELL FL 32619	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	PHILMAN, KAREN	939 NW. 20 AVE.	BELL FL 32619	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	PHILMAN, LINDA	US 129	BELL FL 32619	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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: *WILLIE SPEARS JR.*

6/29/01

CR2E037 (10/00)