

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000006356**

1. Entity Name

**KATHY'S ALL THINGS DAY CARE AND LEARNING CENTER,
INC.**

Principal Place of Business

**1079 KUSHMER ST
BELL FL 32619**

Mailing Address

**1079 KUSHMER ST
BELL FL 32619**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3485377

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 \$61.259. 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 **SPEARS, WILLIE JR.**
STREET ADDRESS **3650 N.W. 52ND PLACE**
CITY-ST-ZIP **BELL FL 32619-9539**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **STD** ☐ Delete
NAME **SPEARS, KATHY JR.**
STREET ADDRESS **3650 N.W. 52ND PLACE**
CITY-ST-ZIP **BELL FL 32619-9539**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **WASSON, KAREN**
STREET ADDRESS **8751 N.W. 111TH LANE**
CITY-ST-ZIP **CHIEFLAND FL 32626**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **LANGSTON, LARRY**
STREET ADDRESS **32095 US 129**
CITY-ST-ZIP **BELL FL 32619**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **PHILMAN, KAREN**
STREET ADDRESS **939 NW 20 AVE.**
CITY-ST-ZIP **BELL FL 32619**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **PHILMAN, LINDA**
STREET ADDRESS **US 129**
CITY-ST-ZIP **BELL FL 32619**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:

Willie Spears, President 2/25/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90189 044 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)