

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90173 019 \*\*\*\*70.00

**DOCUMENT # N98000003991**

1. Entity Name

**T.L.G. CREATION PRESCHOOL, INC.**

Principal Place of Business

**1519 NW 15 AVE  
FT LAUDERDALE FL 33311**

Mailing Address

**P O BOX 101143  
FT LAUDERDALE FL 33310-1143**

**80020432**



DO NOT WRITE IN THIS SPACE

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

**65-0849935**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GREENE, LATRICE  
1519 NW 15 AVE  
FT LAUDERDALE FL 33311**

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	PD	<input type="checkbox"/> Delete
NAME	GREENE, LATRICE	
STREET ADDRESS	1519 NW 15 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	TAD	<input type="checkbox"/> Delete
NAME	WALLACE, STEPHANIE	
STREET ADDRESS	1717 NW 13 CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GREENE, TIMOTHY	
STREET ADDRESS	1519 NW 15 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSH, CYNTHIA	
STREET ADDRESS	1309 NW 7 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	S	<input type="checkbox"/> Delete
NAME	MACK, LATARSHA	
STREET ADDRESS	2631 NW 8 CT- #4 BLDG 32	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, LATRICE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wallace, Stephanie	
STREET ADDRESS	1191 Indian Ave	
CITY-ST-ZIP	FT. Lauderdale, FL 33312	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bush, Cynthia	
STREET ADDRESS	2311 NW 27 Ave	
CITY-ST-ZIP	FT. Land. FL 33311	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mack, Latasha	
STREET ADDRESS	161 W Dayton Circle	
CITY-ST-ZIP	FT. Land. FL 33312	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marlena Williams-VP	
STREET ADDRESS	7351 Pepper-tree Cir. S.	
CITY-ST-ZIP	DAVE, FL 33314	

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

Date

Daytime Phone #

*Latrice Greene* (President) 2-8-00 (954) 868-8322

CR2E037 (9/99)