

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004557

1. Entity Name

LITTLE HEARTS, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

05-05-2000 90062 010 ****61.25

Principal Place of Business

340 ROYAL POINCIANA WAY
STE 340
PALM BEACH FL 33480

Mailing Address

340 ROYAL POINCIANA WAY
STE 340
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1021708 **APPLIED FOR**

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

LYNCH, FRANCIS X.J.
340 ROYAL POINCIANA WAY
STE 340
PALM BEACH FL 33480

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
After September 13, 2000 min. will be \$236.25

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 PD ☐ Delete
NAME LYNCH, IACQUELINE C
STREET ADDRESS 340 ROYAL POINCIANA WAY STE 340
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME LYNCH, FRANCIS J
STREET ADDRESS 340 ROYAL POINCIANA WAY STE 340
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME LYNCH, JOHN J
STREET ADDRESS 340 ROYAL POINCIANA WAY STE 340
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED PRESIDENT 7/17/00 (561) 833-9631

CR2E037 (5/00)

BAUGHER, METTLER AND SHELTON

LAWYERS

340 ROYAL POINCIANA WAY - SUITE 340

P.O. BOX 109

PALM BEACH, FLORIDA 33480

M. F. BAUGHER (1903-1982)

THOMAS M. METTLER

JOHN W. SHELTON

FRANCIS X. J. LYNCH

TELEPHONE (561) 833-9631

FAX (561) 655-2835

attachment
Doc # N98000004557

107041

July 26, 2000

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Little Hearts, Inc.

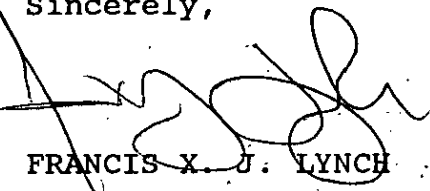
To Whom It May Concern:

With regard to the above, enclosed please find the following:

1. a copy of your letter dated May 15, 2000,
2. a copy of the Application for Employer Identification Number,
3. a copy of the return receipt card reflecting a delivery date of Jun 12, 2000, under which the Application and a copy of your letter dated May 15 was sent,
4. a copy of the assignment of employer identification number from the Internal Revenue Service, which was subsequently received and EI number 65-1021708 assigned to the above corporation, and
5. the 2000 Uniform Business Report, which had previously been submitted, and received, with a check for the filing fee

Should you have any questions or comments in this regard, please feel free to contact me.

Sincerely,



FRANCIS X. J. LYNCH

FXJL/kh
Enclosures



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

attachment
Doc # N9800000455

107041

May 15, 2000

LITTLE HEARTS, INC.
340 ROYAL POINCIANA WAY
STE 340
PALM BEACH, FL 33480

Subject: LITTLE HEARTS, INC.

Reference Number: N98000004557

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report application or attach a photocopy of the FEI number application to the document before we can complete your filing.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/tm

ANNUAL REPORTS SECTION

attach ment
Doc # N98000004

107041

Form (Rev. December 1993) Department of the Treasury Internal Revenue Service	SS-4	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)	EIN OMB No. 1545-0003 Expires 12-31-96
--	-------------	--	--

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) LITTLE HEARTS, INC.		
	2 Trade name of business, if different from name in line 1	3 Executor, trustee, "care of" name	
	4a Mailing address (street address) (room, apt., or suite no.) 340 Royal Poinciana Way, #340		5a Business address, if different from address in lines 4a and 4b
	4b City, state, and ZIP code Palm Beach, FL 33480		5b City, state, and ZIP code
	6 County and state where principal business is located Palm Beach County, Florida		
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶		

8a Type of entity (Check only one box.) (See instructions.)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Plan administrator—SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Other corporation (specify)	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> State/local government <input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> Other nonprofit organization (specify)	(enter GEN if applicable)	
<input checked="" type="checkbox"/> Other (specify) ▶ corporation		

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶	State Florida	Foreign country
---	------------------	-----------------

9 Reason for applying (Check only one box.)	<input type="checkbox"/> Changed type of organization (specify) ▶
<input checked="" type="checkbox"/> Started new business (specify) ▶	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Other (specify) ▶
<input type="checkbox"/> Banking purpose (specify) ▶	

10 Date business started or acquired (Mo., day, year) (See instructions.) August 4, 1998	11 Enter closing month of accounting year. (See instructions.) December
---	--

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."	Nonagricultural	Agricultural	Household
---	-----------------	--------------	-----------

14 Principal activity (See instructions.) ▶ charitable organization

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
--	------------------------------	--

16 To whom are most of the products or services sold? Please check the appropriate box.	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶		

17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
--	------------------------------	--

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.
Approximate date when filed (Mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

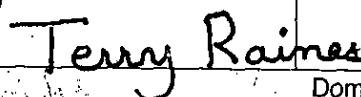
Name and title (Please type or print clearly.) ▶ FRANCIS X. J. LYNCH, President	Business telephone number (include area code) 561/833-9631
---	---

Signature ▶	Date ▶ 6/8/00
-------------	---------------

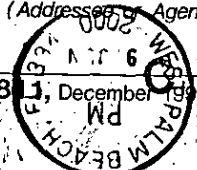
Please leave blank					
Geo.	Ind.	Class	Size	Reason for applying	

attachment
Doc # N9800000455

107041

SENDER: <input type="checkbox"/> Check box at right if you require Restricted Delivery. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Florida Department of State Division of Corporations P O Box 6327 Tallahassee FL 32314		4a. Article Number P 973 672 569	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
5. Received By: (Print Name)		7. Date of Delivery JUN 12 2000	
6. Signature: (Addressee or Agent) 		8. Addressee's Address	
PS FORM 3811, December 1994		Domestic Return Receipt	

IMPORTANT! PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.



ATTACHMENT
Doc#N9800000455

107041

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DATE OF THIS NOTICE: 07-12-2000
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 65-1021708
FORM: SS-4
0716926561 0

FOR ASSISTANCE CALL US AT:
1-800-829-1040

LITTLE HEARTS INC
% FRANCIS X J LYNCH
340 ROYAL POINCIANA WAY 340
PALM BEACH FL 33480

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-1021708. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Thank you for your cooperation.

Keep this part for your records.

CP 575 E (Rev. 1-1995)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 E

0716926561

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 07-12-2000
EMPLOYER IDENTIFICATION NUMBER: 65-1021708
FORM: SS-4

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

LITTLE HEARTS INC
% FRANCIS X J LYNCH
340 ROYAL POINCIANA WAY 340
PALM BEACH FL 33480