

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004728

1. Entity Name

**B AND B EARLY CHILDHOOD EDUCATIONAL AND DEVELOPM
ENTAL CENTER, INC.**

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90172 008 ****61.25

0061773

Principal Place of Business Mailing Address
915 SW 3RD ST 915 SW 3RD ST
HAVANA FL 32333 HAVANA FL 32333

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3525901** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GREEN, JEANETTE
940 SIKES ST
QUINCY FL 32351

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 _____ (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	RICHARDSON, FERTRINA	
STREET ADDRESS	915 SW 3RD ST	
CITY-ST-ZIP	HAVANA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRANKLIN, MARGARET	
STREET ADDRESS	915 SW 3RD ST	
CITY-ST-ZIP	HAVANA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RICHARDSON, ROBERT	
STREET ADDRESS	915 SW 3RD ST	
CITY-ST-ZIP	HAVANA FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	OGDEN, BRENDA	
STREET ADDRESS	915 SW 3RD ST	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Brenda J. Ogden 3/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)