

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006373

1. Entity Name

BARBARA'S PLAYHOUSE A HAVEN FOR LITTLE ANGELS, I

Principal Place of Business

401 EXECUTIVE CENTER DRIVE
#G 103
WEST PALM BEACH FL 33401-2942

Mailing Address

401 EXECUTIVE CENTER DRIVE
#G 103
WEST PALM BEACH FL 33401-2942

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

31-1639511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOOMBS, BARBARA M
401 EXECUTIVE CENTER DRIVE #CQ04
WEST PALM BEACH FL 33401-2942

7. Name and Address of New Registered Agent

Name
BARBARA M. TOOMBS
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 NAME STREET ADDRESS CITY-ST-ZIP	PD TOOMBS, BARBARA M 401 EXECUTIVE CENTER DR #C104 WEST PALM BEACH FL 33401-2942	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, PATCY J 1120 SAPODILLA AVE WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLE, NOAMI J. 401 EXECUTIVE CENTER DRIVE #CQ04 WEST PALM BEACH FL 33401-2942	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROOKINGS, JAMES 371 W 32ND STREET WEST PALM BEACH FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBARA M TOOMBS 401 EXECUTIVE CENTER DR G103 WEST PALM BEACH FL 33401-2942	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAOMI J. COLE 401 EXECUTIVE CENTER DR G103 WEST PALM BEACH FL 33401-2942	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/01 (561) 686-7740

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90002 007 ****61.25

100004



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)