

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001014

1. Entity Name

TEDDY BEAR COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

4519 FOREST LANE
LAKE WORTH FL 33463

4519 FOREST LANE
LAKE WORTH FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

65-0897211

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

MARRERO-FRASER, DEBRA
4519 FOREST LANE
LAKE WORTH FL 33463

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

Debra Marrero
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/4/00

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
NAME: MARRERO-FRASER, DEBRA
STREET ADDRESS: 7409 TRESPOTT DR
CITY-ST-ZIP: LAKE WORTH FL 33463 ☐ Delete

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

TITLE: SD
NAME: MARRERO, KATHREEN
STREET ADDRESS: 10719 TARVIS TR
CITY-ST-ZIP: LAKE WORTH FL 33463 ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: 200003440252-1
STREET ADDRESS: -10/26/00--01049--005
CITY-ST-ZIP: *****61.25 *****61.25

TITLE: TD
NAME: MARRERO, PATRICIA
STREET ADDRESS: 10719 TARVIS TR
CITY-ST-ZIP: LAKE WORTH FL 33463 ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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 empowerment.

SIGNATURE:

Debra Marrero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/00 (561) 439-4675
Date Daytime Phone #

CR2E037 (5/00)

0006786

FILED

00 OCT 16 PM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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