

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001014

1. Entity Name

TEDDY BEAR COMMUNITY DEVELOPMENT, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90124 049 ****61.25

Principal Place of Business

4519 FOREST LANE
LAKE WORTH FL 33463

Mailing Address

4519 FOREST LANE
LAKE WORTH FL 33463

2. Principal Place of Business

4519 Forest Ln.

3. Mailing Address

4519 Forest Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Lake Worth

4. FEI Number

65-0897211

Applied For

Not Applicable

Zip

U.S.A.

Zip

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Kathleen Marrero

Street Address (P.O. Box Number is Not Acceptable)

4519 Forest Ln

City

L. Worth

FL

Zip Code

33463

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

1-25-02

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 checked="" type="checkbox"/> Delete
NAME	MARRERO-FRASER, DEBRA	
STREET ADDRESS	7409 TRECOTT DR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARRERO, KATHREEN	
STREET ADDRESS	10719 TARVIS TR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MARRERO, PATRICIA	
STREET ADDRESS	10719 TARVIS TR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marrero, Kathleen P.	
STREET ADDRESS	10719 TAMISTRAIL	
CITY-ST-ZIP	LAKE WORTH, FL. 33467	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marrero, Casimiro	
STREET ADDRESS	10719 TAMIS TRAIL	
CITY-ST-ZIP	LAKE WORTH, FL. 33467	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marrero, Patricia	
STREET ADDRESS	10719 Tamis Trail	
CITY-ST-ZIP	LAKE WORTH, FL. 33463	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marrero, Pamela	
STREET ADDRESS	10719 Tamis Trail	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
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:

[Signature]

1-25-02

CR2E037 (9/01)