

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000031306**

1. Entity Name

WEE CARE LEARNING CENTERS, INC.

Principal Place of Business

**2250 FAIR MOUNT DRIVE
SEBRING FL 33870**

Mailing Address

**2250 FAIR MOUNT DRIVE
SEBRING FL 33870**

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

65-0995821

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LOEWY, COLLEEN
2324 PINWOOD BOULEVARD
SEBRING FL 33870**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Colleen Loewy
2324 Pinewood Blvd
Sebring FL 33870**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Colleen Loewy
2324 Pinewood Blvd
Sebring FL 33870**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Colleen Loewy Director**8/20/01****(888) 471-2435**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED**01 SEP 27 AM 8:09****SECRETARY OF STATE
FLORIDA**

DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

Attachment
Doc # F00000031306
F00000031306

2012

Wee Care Learning Centers, Inc.
2250 Fairmount Drive
Sebring, FL 33870
(863) 471-2435

August 20, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: 2001 Uniform Business Report

To Whom it May Concern,

I wasn't aware of the annual renewal, this being my first year in business. I received the late notice in July and e-mailed your office, they advised my to send the form and a written explanation. I'm not sure why I didn't receive the first notice. I was out of the office in February when my mother passed away, again in May and June to have a baby (which I and the baby had some complications).

I have enclosed the \$150.00 for the renewal and ask for some leniency on the penalty for late filing.

I appreciate your consideration and expect to hear from you soon.

Sincerely,



Colleen Loewy,
Director