

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

DOCUMENT # P01000001383

1. Entity Name

LITTLE ONES DEVELOPMENT AND LEARNING CENTER, INC ✓

05-14-2002 90062 017 ***150.00

Principal Place of Business

1520 SE PALM AVE
 HIGH SPRINGS FL 32643

Mailing Address

1520 SE PALM AVE
 HIGH SPRINGS FL 32643

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

91-3680457

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, BRENDA J
 1520 SE PALM AVE
 HIGH SPRINGS FL 32643

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

N/A

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 13, 2002 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	Chief Executive Officer	<input type="checkbox"/> Delete
NAME	Brenda J. Thomas	
STREET ADDRESS	1520 SE Palm Avenue	
CITY-ST-ZIP	High Springs, FL 32643	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Erica P. Stephens	
STREET ADDRESS	3719 SW 30th Terrace Apt 44A	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Erica P. Stephens	
STREET ADDRESS	3719 SW 30th Terrace Apt 44A	
CITY-ST-ZIP	Gainesville, FL 32608	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda S. Green	
STREET ADDRESS	3904 SW 26th Drive Apt C	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	Consultant	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dannie Williams	
STREET ADDRESS	4543 3rd Avenue South	
CITY-ST-ZIP	St. Petersburg, FL 32608	
TITLE	Technology Advisor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willie T. Stephens	
STREET ADDRESS	3719 SW 30th Terrace Apt 44A	
CITY-ST-ZIP	Gainesville, FL 32608	
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		

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/02 352-265-8014
 Date Daytime Phone #

0117637 AT

CR2E034 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000001383**

1. Entity Name

LITTLE ONES DEVELOPMENT AND LEARNING CENTER, INC

Principal Place of Business

**1520 SE PALM AVE
HIGH SPRINGS FL 32643**

Mailing Address

**1520 SE PALM AVE
HIGH SPRINGS FL 32643**

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

59-3680257Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, BRENDA J**1520 SE PALM AVE****HIGH SPRINGS FL 32643**

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 **N/A**

Signature, typed or printed name of registered agent and use 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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Chief Executive Officer	Brenda J. Thomas	1520 SE Palm Avenue	High Springs, FL 32643	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Manager	Brenda J. Thomas	1520 SE Palm Avenue	High Springs, FL 32643	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Director	Erica K. Stephens	3719 SW 30th Avenue	Gainesville, FL 32608	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Director	Erica K. Stephens	3719 SW 30th Avenue	Gainesville, FL 32608	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Technical Advisor	Willie T. Stephens	3719 SW 30th Avenue Apt 44A	Gainesville, FL 32608		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Consultant	Danniel Williams	4543 SW 11th Avenue	St. Petersburg, FL 33701		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Director	Brenda Green	2904 SW 26th Drive Apt C	Gainesville, FL 32608		

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 checked="" type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BRIDING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

August 7, 2002

41325

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

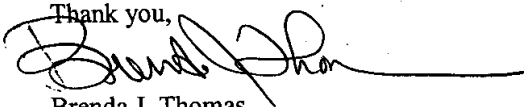
Reference#: P01000001383
Annual Report

In reference to my business' 2002 Uniform Business Report (UBR), after receiving the attached letter Requesting that sections 11 and 12 should be complete, I sent a copy of what was submitted in April but When speaking to your office last week, found out that this form never made it to you. My incomplete form was processed timely and my \$150 payment made timely (copy of cancelled check attached).

Attached is a completed UBR which lists officers current and any changes, additions, etc. to the membership.

Thank you for patience in this process. This is my first year as a business owner and I am learning all of the processing procedures to local, state and federal agencies.

Thank you,


Brenda J. Thomas
President
Little Ones Development and Learning Center, Inc.
FEI Number 59-3680457

Attachment

https://que.campuscu.com/asp/PCU/System_ViewDraftImage.asp

View Check Image Results

Retrieval time can vary greatly depending on modem speeds. Please be patient.

BRENDA J THOMAS : Account # 3003403

Back

8/7/2002 1:39:08 PM

Check Image : Front

BRENDA J THOMAS
ARTHUR C THOMAS
1520 SE PALM AVENUE
HIGH SPRINGS, FL 32643

856134 4/24/02 1051
63-7847/2631

Pay to the order of Department of State \$ 150.00
One Hundred Fifty Dollars & 00/100 Dollars ☒ Pay to the order of

**CAMPUS
USA**

Memo 593688260 Brenda J Thomas MP

⑆263178478⑆ 30034037⑈ 1051 ⑈0000015000⑈

©LIBERTY

Check Image : Back

[illegible]

Back



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 20, 2002

LITTLE ONES DEVELOPMENT AND LEARNING CENTER, INC.
1520 SE PALM AVE
HIGH SPRINGS, FL 32643

Subject: **LITTLE ONES DEVELOPMENT AND LEARNING CENTER, INC.**

Reference Number: **P01000001383**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/AA
ANNUAL REPORTS SECTION