

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90358 006 ***150.00

0726008 1A

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 **59-3680457**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New 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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00*

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**ST
STEPHENS, ERICA P
3719 SW 30TH TERRACE APT-44A
GAINESVILLE FL 32608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**D
GREEN, LINDA S
3904 SW 26TH DRIVE APT C
GAINESVILLE FL 32608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**C
WILLIAMS, DANNIE
4543 3RD AVENUE SOUTH
ST. PETERSBURG FL 32608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**TA
STEPHENS, WILLIE T
3719 SW 30TH TERRACE APT 44A
GAINESVILLE FL 32608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

**Member
Bobby Powell
111-31 New 22nd Avenue
Gainesville, FL 32609**

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

**Member
Leonard Allen
1619 NE 15th Street
Gainesville, Florida 32609**

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

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

TITLE
NAME
STREET ADDRESS
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 607, 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

Date

Daytime Phone #

7/13 352-265-8014

CR2E034 (4/03)

Attachment

80132845
P01000001383

LITTLE ONES DEVELOPMENT & LEARNING CENTER, INC. 1520 SE PALM AVE. HIGH SPRINGS, FL 32643 PH. 386-454-9701		Bank of America ACH R/T 063100277	
PAY TO THE ORDER OF Florida Department of State		1293	
One Hundred Fifty and 00/100*****		4/22/2003 634/630 FL 1230	
*****		4/22/2003	
*****		**150.00	
DOLLARS			
MEMO <u>2003 Uniform Business Report</u>  			