

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90117 023 ***150.00

DOCUMENT # P01000019493

1. Entity Name

COUNTRY OAKS EARLY LEARNING CENTER, INC.

Principal Place of Business

14523 PINECONE TR

CLERMONT FL 34711

Mailing Address

14523 PINECONE TR

CLERMONT FL 34711

2. Principal Place of Business

207 Groveland Farms Rd

3. Mailing Address

P.O. Box 217

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Groveland, FL

City & State

Groveland, FL

Zip

34736

Country

USA

Zip

34736

Country

USA

6. Name and Address of Current Registered Agent

HILL, CHERYL W

14523 PINECONE TR

CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

59-3297594

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, CHERYL W	
STREET ADDRESS	14523 PINECONE TR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

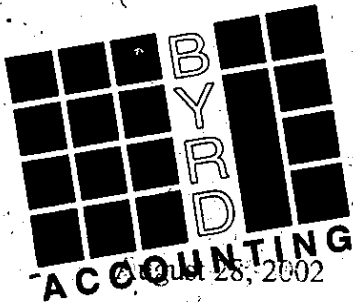
SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)



Attachment

306 OCOEE APOPKA ROAD, SUITE 5, OCOEE, FL 34761-2105
PHONE: (407) 656-5400 / 1-888-365-3275 • FAX (407) 656-1199

Florida Department of Revenue
Division of Corporations
P O Box 1500
Tallahassee, FL 32302-1500

Ref: ~~Country Oaks Early Learning Center Inc.~~

P01000019493

677578

Dear Sir,

Please find enclosed the UBR for the above named client. Mrs. Hill works between her business here in Florida and one in New York. The address on the UBR is not the business address and therefore the filing was overlooked while she was away.

Please change the mailing address: P O Box 217
Groveland, FL 34736

and place of business address to: 207 Groveland Farms Road
Groveland, FL

The annual filing fee of \$150.00 is enclosed.

Thank you for your attention in this matter.

Sincerely,

Wendy Byrd
Wendy Byrd
Accountant

All the information is true and correct
to the best of my knowledge.

Cheryl W. Hill
Cheryl W. Hill