

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90243 039 ***158.75

DOCUMENT # P02000132314

1. Entity Name **BRIGHT HORIZON CORP. CORPORATION**
(AMENDMENT SUBMITTED 4/10/2003)



Principal Place of Business

25 VENTNOR B
DEERFIELD BEACH FL 33442
127 N. SR7
PLANTATION, FL 33317

Mailing Address

12225 NW 30TH MANOR
SUNRISE FL 33323

2. Principal Place of Business

127 N. SR7

3. Mailing Address

SAME AS ABOVE NO CHANGE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

22-3887561

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TENIOLA, RICHARD
12225 NW 30TH MANOR
SUNRISE FL 33323

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	TENIOLA, RICHARD	
STREET ADDRESS	12225 NW 30TH MANOR	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TIMMS, LARRY W	
STREET ADDRESS	25 VENTNOR B	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TENIOLA, CHRISTINE	
STREET ADDRESS	12225 NW 30TH MANOR	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TIMMS, LOURDES I	
STREET ADDRESS	217 MOUNTAIN CT.	
CITY-ST-ZIP	BREA CA 92821	
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 11

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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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 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

LARRY W TIMMS

Date

Daytime Phone #

4/21/03 934-791-5552

CR2E034 (10/02)