

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000013465

1. Entity Name

SUNNILAND NURSERY AND PRESCHOOL, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90062 006 ***150.00

Principal Place of Business	Mailing Address
1512 MILTON STREET TALLAHASSEE FL 32303	1512 MILTON STREET TALLAHASSEE FL 32303-5449



DO NOT WRITE IN THIS SPACE

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	59-3164744	Applied For
		Not Applicable

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
CRAIG, SHERLANE P 2918 WOODRICH DR. TALLAHASSEE FL 32301				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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CRAIG, SHERLANE P	NAME			
STREET ADDRESS	2918 WOODRICH DR.	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: *Sherlane P. Craig* **SIGNATURE REQUIRED** Sherlane P. Craig 01/27/2000 (850) 224-7376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)