

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90375 007 \*\*\*158.75

**DOCUMENT # P93000049831**

1. Entity Name  
**ALPHABET GANG CHILDCARE, INC.**

Principal Place of Business  
**3615 N PINE HILLS ROAD  
ORLANDO FL 32818**

Mailing Address  
**PO Box  
3615 N PINE HILLS ROAD  
ORLANDO FL 32818  
540324  
32854**

2. Principal Place of Business  
**3615 N Pine Hills Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**Box 540324**  
Suite, Apt. #, etc.

City & State  
**Orlando FL**

City & State  
**Orl. FL**

4. FEI Number  
**59-3201538**

☒ Applied For  
☐ Not Applicable

Zip  
**32818**  
Country  
**Orange**

Zip  
**32854**  
Country  
**Orange**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHAFER, NANCY J  
3615 N PINE HILLS ROAD  
ORLANDO FL 32818**

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 **Nancy J Schaffer**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-24-02**  
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 ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **SCHAFER, NANCY J**  
STREET ADDRESS **3615 N PINEHILLS RD**  
CITY-ST-ZIP **ORLANDO FL 32808**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: **Nancy J Schaffer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-02 610857-0653**  
Date Daytime Phone #

CR2E034 (9/01)