

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000020874**
 1. Entity Name
TINY TREASURES CHILDCARE CENTER & PRESCHOOL, INC.
11 N. MELBOURNE ST. BEVERLY HILLS, FL. 34465

Principal Place of Business Mailing Address

11 N. MELBOURNE ST.
BEVERLY HILLS, FL. 34465

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

59-3220273

Applied For

Not Applicable

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

MARYLYNN LEVENGOOD
32 S. BARBOUR ST.
BEVERLY HILLS, FL. 34465

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

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 \$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.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LORI LYNN BARNES	
STREET ADDRESS	2725 W. FAIRFAX CT.	
CITY-ST-ZIP	LECANTO, FL. 34461	
TITLE	SC	<input type="checkbox"/> Delete
NAME	MARYLYNN LEVENGOOD	
STREET ADDRESS	32 S. BARBOUR ST.	
CITY-ST-ZIP	BEVERLY HILLS, FL. 34465	
TITLE	SR	<input type="checkbox"/> Delete
NAME	JERRY LEVENGOOD	
STREET ADDRESS	32 S. BARBOUR ST.	
CITY-ST-ZIP	BEVERLY HILLS, FL. 34465	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEONARD N. BARNES	
STREET ADDRESS	2725 W. FAIRFAX CT.	
CITY-ST-ZIP	LECANTO, FL. 34461	
TITLE	T.	<input type="checkbox"/> Delete
NAME	FREDERICK F. MORAN	
STREET ADDRESS	49 S. MELBOURNE ST.	
CITY-ST-ZIP	BEVERLY HILLS, FL. 34465	
TITLE	VPP	<input type="checkbox"/> Delete
NAME	MARILYN MORAN	
STREET ADDRESS	49 S. MELBOURNE ST.	
CITY-ST-ZIP	BEVERLY HILLS, FL. 34465	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

Date

352-527-8446

Daytime Phone #

CR2E034 (9/99)