

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067838

1. Entity Name
CEDARVIEW PRESCHOOL II, INC.

Principal Place of Business
11911 PINE FOREST DR
NEW PORT RICHEY FL 34654

Mailing Address
11911 PINE FOREST DR
NEW PORT RICHEY FL 34654-1462

2. Principal Place of Business
9434 Teak St
Suite, Apt. #, etc.
New Port Richey FL 34654
City & State

3. Mailing Address
9434 Teak St
Suite, Apt. #, etc.
New Port Richey FL
City & State

Zip Country Zip Country
34654 USA 34654 USA

6. Name and Address of Current Registered Agent

MARTIN, BONNIE M.
5398 SCHOOL RD.
NEW PORT RICHEY FL 34652

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.

SIGNATURE *Bonnie M Martin* DATE 2-14-00
(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)

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	DST	TITLE	
NAME	MARTIN, JOHN B	NAME	
STREET ADDRESS	6917 NARRA ST	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	CITY-ST-ZIP	
TITLE	DP	TITLE	
NAME	MARTIN, BONNIE M	NAME	
STREET ADDRESS	6917 NARRA ST	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Bonnie M Martin* DATE 2-14-00 DAYTIME PHONE # 7278470069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90060 009 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)