

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90039 013 \*\*\*150.00

00006100



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000030581**

1. Entity Name  
**GET READY, SET, GROW PRESCHOOL INC.**

Principal Place of Business      Mailing Address  
**6450 W ROGERS CIRCLE**      **16687 JOG ROAD**  
**BOCA RATON FL 33487**      **DELRAY BEACH FL 33446**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
**16687 Jog Road**      Suite, Apt. #, etc.

City & State      City & State  
**Delray Beach, FL**      **Delray Beach, FL**  
 Zip      Country  
**33446**      **P.B.**

4. FEI Number      Applied For  
**65-0238415**      ☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**RAYBIN, RACHEL H**  
**17892 HAMPSHIRE LANE**  
**BOCA RATON FL 33498**

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 *Rachel H Raybin*      DATE *01/08/01*  
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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>RAYBIN, RACHEL H</b> <b>17892 HAMPSHIRE LN.</b> <b>BOCA RATON FL 33498</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rachel H Raybin*      Date *01/08/01*      Daytime Phone # *561-2223*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)