

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082450

1. Entity Name

LITTLE BLESSINGS PRESCHOOL, INC.

Principal Place of Business

1204 NORTH HARBOR CITY BLVD.
MELBOURNE FL 32935

Mailing Address

1204 NORTH HARBOR CITY BLVD.
MELBOURNE FL 32935-7021

2. Principal Place of Business

1222 N Harbor City Blvd

3. Mailing Address

1222 N Harbor City Blvd

Suite, Apt # etc

Suite, Apt # etc

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32935

Country

Brevard

Zip

32935

Country

Brevard

4. FEI Number

59-3411167

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

KOSTRO, VICTOR S ESQ.
1825 S. RIVERVIEW DRIVE
MELBOURNE FL 32901

Name

Beville S. Outlaw

Street Address (P.O. Box Number is Not Acceptable)

1222 N Harbor City Blvd

City

Melbourne

FL

Zip Code

32935

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

Beville S. Outlaw

Beville S. Outlaw

3/13/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PST ROSBOROUGH, JANICE O 611 RIO PINO NORTH INDIALANTIC FL	<input checked="" 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
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Beville S. Outlaw 1222 N Harbor City Blvd Melbourne, FL 32935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S D Glen O tlaw 1222 N Harbor City Blvd Melbourne, FL 32935	<input type="checkbox"/> Change <input checked="" 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
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

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:

Beville S. Outlaw

Beville S Outlaw 3/13/2000 (321)254-9721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)