

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90065 004 ***150.00

DOCUMENT # P98000060865

1. Entity Name

HUGGIE BEAR'S CHILD CARE AND LEARNING CENTER INC

Principal Place of Business

**4705 OUTER DR
 NAPLES FL 34112**

Mailing Address

**4705 OUTER DR
 NAPLES FL 34112**

2. Principal Place of Business

4705 OUTER DR

Suite, Apt. #, etc.

3. Mailing Address

3823 E. TAMiami TR

Suite, Apt. #, etc.

PMB 511

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34112

Country

US

Zip

34112

Country

US

4. FEI Number

59-3533620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON, LORRY K
 4705 OUTER DR
 NAPLES FL 34112**

7. Name and Address of New Registered Agent

Name

LORRY JACKSON

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

4705 OUTER DR

City

NAPLES

FL

Zip Code

34112

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

Lorry Jackson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

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 ☐ Delete
 NAME **PD JACKSON, LARRY K**
 STREET ADDRESS **3179 CALUSA AVE**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete
 NAME **S GALLAGHER, MARY**
 STREET ADDRESS **3179 CALUSA AVE.**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete
 NAME **V ROBINSON, SHELLEY L**
 STREET ADDRESS **3179 CALUSA AVE.**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **PD JACKSON LORRY K**
 STREET ADDRESS **3823 E TAMiami TR #511**
 CITY-ST-ZIP **NAPLES, FL 34112**

TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/01

CR2E034 (10/00)

0541280