

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073185

1. Entity Name  
**BEANIE BOPPERS LEARNING & DEVELOPMENT CENTER, IN**

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

05-01-2001 90095 003 \*\*\*150.00

Principal Place of Business

**5802 MEMPHIS AVE  
PENSACOLA FL 32526**

Mailing Address

**5802 MEMPHIS AVE  
PENSACOLA FL 32526**

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 **59-3527086**

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

**GOLTZ, EILEEN  
6330 CHICAGO AVE.  
PENSACOLA FL 32562**

Name

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

City

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

*Eileen D Goltz*

4-24-2001

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

(NOTE: Registered Agent's signature required when re-registering)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOLTZ, EILEEN</b>	
STREET ADDRESS	<b>6330 CHICAGO AVE.</b>	
CITY-STATE-ZIP	<b>PENSACOLA FL 32562</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Goltz, Eileen</b>	
STREET ADDRESS	<b>1200 La Paz St.</b>	
CITY-STATE-ZIP	<b>Pensacola, FL 325</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 individuals empowered.

SIGNATURE:

*Eileen D Goltz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 24-01 850-941-8908

Date

Daytime Phone

CR2E034 (10/00)