

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081533

1. Entity Name

KIDS KORNER OF NORTHWEST FLORIDA, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90063 025 ***150.00

Principal Place of Business

Mailing Address

~~2853 GULF-BREEZE PKWY~~
~~GULF-BREEZE FL 32561~~

~~4202 BRITTANY CT~~
~~PENSACOLA FL 32504-4900~~

2. Principal Place of Business

3. Mailing Address

1143 Gulf Breeze Pkwy
Suite, Apt. #, etc.

1143 Gulf Breeze Pkwy
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gulf Breeze FL

City & State

Gulf Breeze FL

4. FEI Number

59-3532633

Applied For

☒ Not Applicable

Zip

32561

Country

USA

Zip

32561

Country

USA

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

LEMON, RAYMOND C
4202 BRITTANY CT
PENSACOLA FL 32504

Name

Kristin P. Hering

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

3342 El Portal

City

Gulf Breeze

FL

Zip Code

32561

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

Kristin P. Hering

Kristin P. Hering

5/10/00

Signature, typed or printed name of registered agent and date 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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | GULLEDGE, MICHAEL D | |
| STREET ADDRESS | 5416 SHORE LANE | |
| CITY-ST-ZIP | MILTON FL 32572 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Kristin P. Hering | |
| STREET ADDRESS | 3342 El Portal | |
| CITY-ST-ZIP | Gulf Breeze, FL 32561 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Kristin P. Hering

5/10/00

934-5437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)