

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096397

1. Entity Name

LITTLEFOOT LEARNING CENTER, INC.

FILED
Jul 14, 2000 8:00 am
Secretary of State

07-14-2000 90003 032 ***158.75

Principal Place of Business

1137 SUNSET ROAD
 WEST PALM BEACH FL 33406
 US

Mailing Address

1137 SUNSET ROAD
 WEST PALM BEACH FL 33406
 US

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

65-0347832

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

LINTON, PATRICIA ANN
 5690 CINNAMON DRIVE
 WEST PALM BEACH FL 33415

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☐ Delete
 NAME **LINTON, PATRICIA A**
 STREET ADDRESS **5690 CINNAMON DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 #

561-434-9800

CF2ED:14 (5/00)

P98000046397

AC067741

LITTLEFOOT LEARNING CENTER
1137 SUNSET ROAD
WEST PALM BEACH, FL 33406

JULY 6, 2000


State of Florida
Division of Corporation

Please find enclosed a check for my annual fee plus
certificate of status.

I filed this in March 2000 and as of yesterday I found out
that you have not received my check nor my report. I called
the office and was told by a clerk to refile and send an
explanation and new check.

I hope you will except this check and waive any late fee. I
have no control over the mail and I am guessing it was loss.
I did not notice that the check had not cleared yet because
my bookkeeper only does my books on a quarterly basis and we
would have notice it this month when doing the second
quarter.

Sincerely,



Patricia A. Linton, President
Littlefoot Learning Center