

2000 UNIFORM BUSINESS REPORT (UBR)

3

DOCUMENT # **PP9000023002**

1. Entity Name

Twin Oaks Academy of Early Learning, Inc.

FILED
May 17, 2000 8:00 am
Secretary of State

03-30-2000 90004 009 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

502 S. Fremont Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1416

#1416

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33606

USA

4. FEI Number

59-3569046

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Lisa M. Murphy
502 S. Fremont Ave. #1416
Tampa, FL 33606

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 \$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	President	<input type="checkbox"/> Delete
NAME	Lisa M. Murphy	
STREET ADDRESS	502 S. Fremont Ave. #1416	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	Sec / Treasurer	<input type="checkbox"/> Delete
NAME	Yvonne S. Murphy	
STREET ADDRESS	7037 Pelican Is. Dr.	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-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-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:

Lisa M. Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00 813-260-1377

Date

Daytime Phone #

CR2E034 (9/99)