

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am  
Secretary of State

02-02-2001 90275 034 \*\*\*150.00

DOCUMENT # P99000033768

1. Entity Name

ALL KIDS ACADEMY OF LUTZ, INC.

Principal Place of Business

1303 GEN-MA-JO LANE  
LUTZ FL 33549

Mailing Address

1303 GEN-MA-JO LANE  
LUTZ FL 33549

2. Principal Place of Business

1303 GEN-MA-JO LANE

Suite, Apt. #, etc.

3. Mailing Address

1303 GEN-MA-JO LANE

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3582635

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

BURDEN, BRIAN A ESQ  
BRIAN A. BURDEN, P.A.  
215 W. VERNE STREET, SUITE D  
TAMPA FL 33606

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 \$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 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	COLLURA, NANCY	
STREET ADDRESS	1303 GEN-MA-JO LANE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LABARBERA, FLORA	
STREET ADDRESS	13620 LAKE MAGDALENE BLVD. UNIT 610	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LABARBERA, VINCENT	
STREET ADDRESS	16839 WHIRLEY RD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COLLURA, SAM	
STREET ADDRESS	1303 GEN-MA-JO LANE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLURA, NANCY	
STREET ADDRESS	1303 GEN-MA-JO LANE	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLURA, SAM	
STREET ADDRESS	1303 GEN-MA-JO LANE	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Sam Collura SAM COLLURA S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-01

Date

813 948-0100

Daytime Phone #

CR2E034 (10/00)