

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**Jul 06, 2001 8:00 am**  
**Secretary of State**

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| <b>DOCUMENT #</b> P99000050786                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                                                                                                                                                               |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| <b>1. Entity Name</b><br>Let's Grow Together, INC <span style="float:right; border: 1px solid black; border-radius: 50%; padding: 2px;">18</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                                                                                                                                                                               |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| <b>Principal Place of Business</b><br>33 S.E 1st Ave Ste 101<br>Delray Beach, FL 33444                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     | <b>Mailing Address</b><br>33 S.E 1st Ave Ste 101<br>Delray Beach, FL 33444                                                                                                    |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     | <b>3. Mailing Address</b>                                                                                                                                                     |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     | Suite, Apt. #, etc.                                                                                                                                                           |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     | City & State                                                                                                                                                                  |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country             | Zip                                                                                                                                                                           | Country                                                           |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| <b>4. FEI Number</b><br>65-0971836                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>Applied For</b></td> </tr> <tr> <td><input type="checkbox"/> Not Applicable</td> </tr> </table> |                                                                   | <b>Applied For</b>              | <input type="checkbox"/> Not Applicable |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| <b>Applied For</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                                                                                                                               |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| <input type="checkbox"/> Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                                                                                                                                               |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     | <b>\$8.75 Additional Fee Required</b>                                                                                                                                         |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     | <b>7. Name and Address of New Registered Agent</b>                                                                                                                            |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| Gloria C. Richardson<br>4754 Fox Hunt Trail<br>Boca Raton, FL 33487                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     | Name                                                                                                                                                                          |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     | Street Address (P.O. Box Number is Not Acceptable)                                                                                                                            |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     | City                                                                                                                                                                          |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">FL</td> <td style="width:50%;">Zip Code</td> </tr> </table> |                                                                   | FL                              | Zip Code                                |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Zip Code            |                                                                                                                                                                               |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| <b>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.</b><br><b>SIGNATURE</b> <u>Gloria C. Richardson, President</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                 |                     |                                                                                                                                                                               |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| <b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b><br>(See criteria on back) <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     | <b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                   |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| <b>11. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     | <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                  |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Richardson Gloria C</td> <td>4754 Fox Hunt Tr</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Boca Raton, FL 33487</td> <td></td> </tr> </table>                                                                                                                                                                                                          | TITLE               | NAME                                                                                                                                                                          | STREET ADDRESS                                                    | Delete <input type="checkbox"/> |                                         | Richardson Gloria C | 4754 Fox Hunt Tr |  |                                                                                                                                                                                                                                                                                                                                                                         |  | Boca Raton, FL 33487      |       | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Wilson, Minerva</td> <td>208 N.W. 8th Ave</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Delray Beach, FL 33444</td> <td></td> </tr> </table> |                |                                                                   | TITLE | NAME | STREET ADDRESS | Change <input type="checkbox"/> Addition <input type="checkbox"/> |  | Wilson, Minerva | 208 N.W. 8th Ave |  |  |  | Delray Beach, FL 33444 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME                | STREET ADDRESS                                                                                                                                                                | Delete <input type="checkbox"/>                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Richardson Gloria C | 4754 Fox Hunt Tr                                                                                                                                                              |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     | Boca Raton, FL 33487                                                                                                                                                          |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Wilson, Minerva     | 208 N.W. 8th Ave                                                                                                                                                              |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     | Delray Beach, FL 33444                                                                                                                                                        |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Barnes, Hilman      | 1458 HA ST                                                                                                                                                                    |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     | West Palm Beach, FL 33401                                                                                                                                                     |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME                | STREET ADDRESS                                                                                                                                                                | Change <input type="checkbox"/> Addition <input type="checkbox"/> |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
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| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                    | TITLE               | NAME                                                                                                                                                                          | STREET ADDRESS                                                    | Delete <input type="checkbox"/> |                                         |                     |                  |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> |  |                           | TITLE | NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS | Change <input type="checkbox"/> Addition <input type="checkbox"/> |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME                | STREET ADDRESS                                                                                                                                                                | Delete <input type="checkbox"/>                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                                                                                               |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME                | STREET ADDRESS                                                                                                                                                                | Change <input type="checkbox"/> Addition <input type="checkbox"/> |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                                                                                               |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| <b>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.</b> |                     |                                                                                                                                                                               |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |
| <b>SIGNATURE:</b> <u>Gloria C. Richardson, President</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     | <u>June 26, 01</u><br><small>Date</small>                                                                                                                                     |                                                                   |                                 |                                         |                     |                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                   |       |      |                |                                                                   |  |                 |                  |  |  |  |                        |  |

CR2E034 (11/00)

BOUS9523

Monday, July 02, 2001

Uniform Business Report  
Division of Corrections  
PO Box 1500  
Tallahassee, Florida 32302-1500

To Whom It May Concern:

I am forwarding my Uniform Business Report and \$150.00 for fees due. Unfortunately, I did not receive my initial application to send in by May 1, 2001. I called to have a blank application mailed to me on 06/25/01. I was advised that it could be downloaded from the Internet.

Please give all due consideration for my request to waive the \$400.00 late fee. I appreciate your cooperation in this matter.

Sincerely,

*Gloria C. Richardson*

Gloria C. Richardson  
LMHC