

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000065544**

1. Entity Name

**TENDER TIME CHILD CARE & LEARNING CENTER, INC.****FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90140 045 \*\*\*150.00

Principal Place of Business

Mailing Address

3501 UNIVERSAL PLZ  
NEW PORT RICHEY FL 346523501 UNIVERSAL PLZ  
NEW PORT RICHEY FL 34652-6205

2. Principal Place of Business

US 19 NORTH  
Suite, Apt. #, etc.

3. Mailing Address

3501 UNIVERSAL PLAZA  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

NEW PORT RICHEY, FL.

City &amp; State

Same as

4. FEI Number

59-3596388

Applied For

Not Applicable

Zip

74652

Country

PASCO

Zip

34652

Country

PASCO

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRABOWSKI, DAVID T  
3501 UNIVERSAL PLZ  
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name DAVID T. GRABOWSKI

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

7524 SEQUOIA DRIVE

City NEW PORT RICHEY

FL

Zip Code 34653

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 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

TITLE D ☐ Delete  
NAME GRABOWSKI, DAVID T  
STREET ADDRESS 3501 UNIVERSAL PLZ  
CITY-ST-ZIP NEW PORT RICHEY FL 34652TITLE D ☐ Delete  
NAME GRABOWSKI, CATHERINE R  
STREET ADDRESS 3501 UNIVERSAL PLZ  
CITY-ST-ZIP NEW PORT RICHEY FL 34652TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT - OWNER ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VICE PRESIDENT - OWNER ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-25-00 (727) 815-8463