

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**  
 05-05-2002 90058 030 \*\*\*150.00

05/11/02 AV

**DOCUMENT # P99000082841**

1. Entity Name

**APPLETREE PRESCHOOL, INC.**

Principal Place of Business

**6075 S FL AVE  
 LAKELAND FL 33813**

Mailing Address

**6075 S FL AVE  
 LAKELAND FL 33813**

2. Principal Place of Business

**509 State Road 540A**

3. Mailing Address

Suite, Apt. #, etc.

**Same**

City & State

**Lakeland Florida**

City & State

Zip

Zip

Country

**33813**

**PO116**

Country

4. FEI Number

**59-3598494**

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

**CAMPER, RENEE  
 4506 S. FLORIDA AVE.  
 LAKELAND FL 33813**

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

**Renee Camper**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/17/02**

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, 2002 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 **VP** ☐ Delete  
 NAME **CAMPER, DENNIS**  
 STREET ADDRESS **215 ASH LN**  
 CITY-ST-ZIP **LAKELAND FL 33813**

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

TITLE **C** ☐ Delete  
 NAME **CAMPER, RENEE**  
 STREET ADDRESS **215 ASH LANE**  
 CITY-ST-ZIP **LAKELAND FL 33813**

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

TITLE **PTSD** ☐ Delete  
 NAME **CAMPER, RENEE**  
 STREET ADDRESS **215 ASH LANE**  
 CITY-ST-ZIP **LAKELAND FL 33813**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP ☐ Delete

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

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

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: **Renee Camper**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/02**  
 Date

**863 709-8600**  
 Daytime Phone #

CR2E034 (9/01)