

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90018 043 \*\*\*150.00

**DOCUMENT # P99000085891**

1. Entity Name  
**TELE TOTS DAYCARE, INC.**

Principal Place of Business  
**1207 VERMONT AVE.**  
**ST. CLOUD FL 34769**

Mailing Address  
**1207 VERMONT AVE.**  
**ST. CLOUD FL 34769**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3599847**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**ANDERSON, GORDAN J R DR**  
**2082 CAMELOT BLVD.**  
**ST. CLOUD FL 34772**

## 7. Name and Address of New Registered Agent

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, 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

TITLE ☐ Delete  
 NAME **D ANDERSON, GORDON JR**  
 STREET ADDRESS **2082 CAMELOT BLVD.**  
 CITY-ST-ZIP **ST. CLOUD FL 34772**

TITLE ☐ Delete  
 NAME **O ANDERSON, VIRGINIA**  
 STREET ADDRESS **2082 CAMELOT BLVD**  
 CITY-ST-ZIP **SAINT CLOUD FL 34772**

TITLE ☐ Delete  
 NAME **O ANDERSON, GORDON SR**  
 STREET ADDRESS **13 SIERRA VISTA LN**  
 CITY-ST-ZIP **VALLEY COTTAGE NY 10989**

TITLE ☐ Delete  
 NAME **O GUTIERREZ, VIRGINIA**  
 STREET ADDRESS **131 N 9TH ST**  
 CITY-ST-ZIP **PATERSON NJ 07522**

TITLE ☐ Delete  
 NAME **O GUTIERREZ, DANIEL**  
 STREET ADDRESS **131 N 9TH ST**  
 CITY-ST-ZIP **PATERSON NJ 07522**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition  
 NAME **O ANDERSON, Gordon SR.**  
 STREET ADDRESS **29 CANNON DR**  
 CITY-ST-ZIP **OSISING N.Y. 10562**

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

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

TITLE ☐ 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:

**GORDON ANDERSON JR DR.**

**1/10/02**

**407 592 9320**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)