

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90136 029 ***150.00

DOCUMENT # P99000098671

1. Entity Name
THE LITTLE UNIVERSITY COMPANY

Principal Place of Business

**315 S. MULBERRY ST.
 MONTICELLO FL 32344**

Mailing Address

**315 S. MULBERRY ST.
 MONTICELLO FL 32344**

906922



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-360 8937

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ARLINE, LINSEY M
 RT. 2, BOX 136
 MONTICELLO FL 32344**

7. Name and Address of New Registered Agent

Name

Taylor, Linsey A.

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

515 N. Hickory St.

315 S. Mulberry Street

City

Monticello

FL

Zip Code

32344

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

TITLE **P** ☐ Delete
 NAME **TAYLOR, PHILLIP J**
 STREET ADDRESS **1525 W. LIVE OAK RD.**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **S** ☐ Delete
 NAME **ARLINE, LINSEY M**
 STREET ADDRESS **RT.2, BOX 136**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.** ☒ Change ☐ Addition
 NAME **Phillip Taylor**
 STREET ADDRESS **515 N. Hickory Street**
 CITY-ST-ZIP **Monticello, FL 32344**

TITLE **S.** ☒ Change ☐ Addition
 NAME **Linsey Taylor**
 STREET ADDRESS **515 N. Hickory Street**
 CITY-ST-ZIP **Monticello, FL 32344**

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

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

TITLE ☐ Change ☐ Addition
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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:

Arline Linsey Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/01

Daytime Phone #

CR2E034 (10/00)