

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**  
 03-16-2001 90033 049 \*\*\*150.00

000101

**DOCUMENT # P99000100606**

1. Entity Name

**LITTLE ANNIE'S CHILD CARE CENTER INC.**

Principal Place of Business

Mailing Address

5165 ALHAMBRA DRIVE  
 ORLANDO FL 32818

5165 ALHAMBRA DRIVE  
 ORLANDO FL 32818

2. Principal Place of Business

**5265 Alhambra Dr**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Orlando, FLA**

City & State

Zip

Country

**32808**

Country

**ORANGE**

4. FEI Number

**59-3607782**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GARMON, EMMA J**  
**1631 STANBURY DRIVE**  
**ORLANDO FL 32818**

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, 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 **PD** ☐ Delete  
 NAME **GARMON, EMMA J**  
 STREET ADDRESS **1631 STANBURY DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V.P.** ☐ Change ☐ Addition  
 NAME **SECARMEL Trotter**  
 STREET ADDRESS **1120 YUKON DR**  
 CITY-ST-ZIP **Orlando, FLA 32818**

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

TITLE ☐ Change ☐ Addition  
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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 #

**3/18/01 407 532-3040**

CR2E034 (10/00)