

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90111 049 ***150.00

0400681

DOCUMENT # S21644

1. Entity Name

A CHILDS PLACE OF BONITA SPRINGS FLORIDA, INC.

Principal Place of Business

Mailing Address

10220 W. TERRY STREET
 BONITA SPRINGS FL 34135
 US

10220 W. TERRY STREET
 BONITA SPRINGS FL 34135
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0247599**

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

KAESMANN, CAROL A
1829 IMPERIAL GOLF COURSE BLVD
NAPLES FL 34110

Name

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

14347 DEVINGTON WAY

City

FT. MYERS, FL

FL

Zip Code

33912

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

Carol A. Kaesmann

3/30/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D KAESMANN, CAROL A**
 STREET ADDRESS **1829 IMPERIAL GOLF CS BD**
 CITY-ST-ZIP **NAPLES FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **14347 DEVINGTON WAY**
 CITY-ST-ZIP **FT. MYERS, FL 33912**

TITLE Delete
 NAME **D KAESMANN, HERBERT C**
 STREET ADDRESS **1829 IMPERIAL GOLF CS BD**
 CITY-ST-ZIP **NAPLES FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **14347 DEVINGTON WAY**
 CITY-ST-ZIP **FT. MYERS, FL 33912**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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Change Addition
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 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 of the same 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 another like empowered.

SIGNATURE: *Carol A. Kaesmann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01

Date

941 992-3424

Daytime Phone #

CR2E034 (10/00)