

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S33553

1. Entity Name

TOYS 'N TOTS ACADEMY, INC.

Principal Place of Business
1735 1/2 SOUTH FERNCREEK
ORLANDO FL 32806

Mailing Address
1735 1/2 SOUTH FERNCREEK
ORLANDO FL 32806

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 59-3058865

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

RUTBERG, GERALD S.

5055 SOUTH HIGHWAY 17-02

CASSELBERRY FL 32718

Name RUTBERG, GERALD S.

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

670 N. ORLANDO AVE SUITE 1004 A

City MAITLAND,

FL

Zip Code

32751

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
NAME VTSD
STREET ADDRESS CHAMBERS, EVADEANE
CITY-ST-ZIP 205 CUMBERLAND CIRCLE W.
LONGWOOD FL

☐ Delete

TITLE
NAME PD
STREET ADDRESS HOLT, LOIS
CITY-ST-ZIP 3002 PIGEON HAWK COURT
ORLANDO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

EvaDeane S. Chambers

EVADEANE S. CHAMBERS 1/5/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-898-8687

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90073 048 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)