

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90117 001 ***150.00

DOCUMENT # V07353

1. Entity Name

SHARING TREE PRE-SCHOOL, INC.

Principal Place of Business

Mailing Address

10950 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32257

10950 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32257

C0009050



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6045 Greenland Rd.
Suite, Apt. #, etc.

6045 Greenland Rd.
Suite, Apt. #, etc.

City & State

City & State

Jacksonville Florida

Jacksonville Florida

Zip

Country

Zip

Country

32258 Duval

32258 Duval

4. FEI Number **59-3105920**

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

Name

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

City

FL

Zip Code

BRATTON, BRENDA J.
9925 ORCHARD HILLS RD
JACKSONVILLE FL 32256

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, 2000 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	CST	<input type="checkbox"/> Delete
NAME	BRATTON, DENNIS A.	
STREET ADDRESS	10850 OLD ST. AUGUSTINE RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DMP	<input type="checkbox"/> Delete
NAME	BRATTON, BRENDA J.	
STREET ADDRESS	10850 OLD ST. AUGUSTINE RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DM	<input type="checkbox"/> Delete
NAME	BRATTON, JACOB L.	
STREET ADDRESS	3283 BROKEN BRANCHE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DM	<input checked="" type="checkbox"/> Delete
NAME	BRATTON, JENEAN E.	
STREET ADDRESS	3283 BROKE BRANCH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DM	<input type="checkbox"/> Delete
NAME	BRATTON, JASON D.	
STREET ADDRESS	12365 CARRIAGE CROSSING CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DM	<input type="checkbox"/> Delete
NAME	BRATTON, ANGELA	
STREET ADDRESS	12365 CARRIAGE CROSSING CT.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	CST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bratton Dennis	
STREET ADDRESS	6045 Greenland Rd	
CITY-ST-ZIP	Jacksonville FL 32258	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6045 Greenland Rd.	
CITY-ST-ZIP	Jacksonville, Florida 32258	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3529 Equestrian Ct.	
CITY-ST-ZIP	Jacksonville, Florida 32223	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Farber, Jennifer	
STREET ADDRESS	7607 Fawn Lake Dr. N.	
CITY-ST-ZIP	Jacksonville, Florida 32256	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	Jacksonville, Fl.	
CITY-ST-ZIP	32258	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-2000

904-260-2015