

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852161

1. Entity Name

LA PETITE ACADEMY, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90041 038 \*\*\*158.75

Principal Place of Business

Mailing Address

14 CORPORATE WOODS  
8717 W 110TH ST., STE. 300  
OVERLAND PARK KA 66210

14 CORPORATE WOODS  
8717 W 110TH ST., STE. 300  
OVERLAND PARK KA 66210-2103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1243221

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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, 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 PDC ☒ Delete  
NAME KAHL, JAMES R  
STREET ADDRESS 8717 W. 110TH STREET, #300  
CITY-ST-ZIP OVERLAND PARK KS

TITLE PD ☐ Change ☒ Addition  
NAME Judith A. Rogala  
STREET ADDRESS 8717 W. 110th Street, Suite 300  
CITY-ST-ZIP Overland Park, KS 66210

TITLE V ☒ Delete  
NAME ANGLEWICZ, DAVID J  
STREET ADDRESS 8717 W. 110TH STREET, #300  
CITY-ST-ZIP OVERLAND PARK FL

TITLE CD ☐ Change ☒ Addition  
NAME Steve Murray  
STREET ADDRESS 380 Madison Ave. - 12th Floor  
CITY-ST-ZIP New York, NY 10017

TITLE V ☐ Delete  
NAME PERRY, REBECCA L  
STREET ADDRESS 8604 MILES RD  
CITY-ST-ZIP ODESSA FL 33556

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

TITLE T ☒ Delete  
NAME SINGLETON, JOAN K  
STREET ADDRESS 8717 W 110TH STREET  
CITY-ST-ZIP OVERLAND PARK FL

TITLE D ☐ Change ☒ Addition  
NAME Brian J. Richmond  
STREET ADDRESS 6 Trails End  
CITY-ST-ZIP Chappaqua, NY 10514

TITLE VS ☐ Delete  
NAME FORD, PEGGY A  
STREET ADDRESS 8717 W. 110TH STREET, #300  
CITY-ST-ZIP OVERLAND PARK KS

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chuck Rico - Controller 4/21/2000

913-345-1250

CR2E034 (9/99)