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Feb 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743170 (3)

1. Corporation Name

BRIGHT HORIZONS OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

1613 N. MARION ST.
TAMPA FL 33602-9638

1613 N. MARION ST.
TAMPA FL 33602-9638



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/08/1978

4. FEI Number

59-0624453

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

WILEY, SALLY
16601 MILLAN DR
TAMPA FL 33613

10. Name and Address of New Registered Agent
81 Name: Russell, Joyce
82 Street Address (P.O. Box Number is Not Acceptable):
9215 N. Florida Ave
83 Suite 108
84 City: Tampa, Florida FL 85 Zip Code: 33612

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-98

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WILEY, SALLY	
STREET ADDRESS	16601 MILLAN DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	☐ DELETE
NAME	RUSSELL, JOYCE	
STREET ADDRESS	725 E KENNEDY BLVD 3RD FLR	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	☐ DELETE
NAME	LAZZARA, HERMAN	
STREET ADDRESS	2203 N. LOIS AVE. SUITE 700	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	S	☐ DELETE
NAME	KNIGHT, GLORIA	
STREET ADDRESS	2203 N LOIS AVE STE 1060	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	BARBAS, STEVE	
STREET ADDRESS	1802 W CLEVELAND STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☐ Addition
1.2 NAME	Russell, Joyce	
1.3 STREET ADDRESS	9215 N. Florida Ave, Ste. 108	
1.4 CITY-ST-ZIP	Tampa FL	
2.1 TITLE	VP	☐ Change ☐ Addition
2.2 NAME	Carroll, John	
2.3 STREET ADDRESS	101 E. Kennedy Blvd.	
2.4 CITY-ST-ZIP	Tampa, FL 33602	
3.1 TITLE	T	☐ Change ☐ Addition
3.2 NAME	Loethan, Angela	
3.3 STREET ADDRESS	100 S. Ashley Street	
3.4 CITY-ST-ZIP	Tampa, FL 33602	
4.1 TITLE	S	☐ Change ☐ Addition
4.2 NAME	Gomez, Leo	
4.3 STREET ADDRESS	101 E. Kennedy Blvd.	
4.4 CITY-ST-ZIP	Tampa, FL 33602	
5.1 TITLE	D	☐ Change ☐ Addition
5.2 NAME	Barbas, Steve	
5.3 STREET ADDRESS	802 W Cleveland Street	
5.4 CITY-ST-ZIP	Tampa, FL	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Sandra B. Russell 1-21-98

CR2E037 (10/97)