

9/12/01-90031-027-\$61.25-\$61.25

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 715612**

1. Entity Name

MANATEE DAY CARE SERVICE, INC.

Principal Place of Business

**712 PALM VIEW ROAD
PALMETTO FL 34221**

Mailing Address

**712 PALM VIEW ROAD
PALMETTO FL 34221**

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 **59-1228029**

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

**FLEMING, PATRICIA
712 PALMVIEW RD
PALMETTO FL 34221**Name **Mari K. Grosse**
Street Address (P.O. Box Number is Not Acceptable)
712 Palmview Road
City **Palmetto, FL 34221** 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 **Mari K. Grosse**

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

(NOTE: Registered Agent signature required when reinstating)

9/07/01

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **HENSLEY, ROBERT**
STREET ADDRESS **1306 MANATEE AVE. W**
CITY-ST-ZIP **BRADENTON FL**TITLE **Director** ☐ Change ☒ Addition
NAME **Mari K. Grosse**
STREET ADDRESS **712 Palmview Road**
CITY-ST-ZIP **Palmetto, FL 34221**TITLE **CD** ☐ Delete
NAME **KESTEN, PEGGY**
STREET ADDRESS **602 33RD ST CT W**
CITY-ST-ZIP **BRADENTON FL**TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **SD** ☐ Delete
NAME **JOHNSON, KERMIT**
STREET ADDRESS **711 55TH ST W**
CITY-ST-ZIP **BRADENTON FL**TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **M** ☒ Delete
NAME **FLEMING, PATRICIA**
STREET ADDRESS **1306 MANATEE AVE. W.**
CITY-ST-ZIP **BRADENTON FL**TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **TD** ☐ Delete
NAME **HENSLEY, ROBERT**
STREET ADDRESS **7817 SENRAB DR**
CITY-ST-ZIP **BRADENTON FL**TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **M** ☒ Delete
NAME **FLEMING, PATRICIA**
STREET ADDRESS **712 PALMVIEW RD**
CITY-ST-ZIP **PALMETTO FL**TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mari K. Grosse**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/01

Date

Daytime Phone #

CR2E037 (5/01)