

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90036 009 ****61.25

DOCUMENT # 718388

1. Entity Name

THE DAY NURSERY ASSOCIATION OF LAKELAND, FLORIDA

Principal Place of Business

301 N FLORIDA AVE
 LAKELAND FL 33802
 US

Mailing Address

PO BOX 368
 LAKELAND FL 33802-0368
 US

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

59-0766971

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

COSTELLO, DANIEL J
 301 NORTH FLORIDA AVE
 LAKELAND FL 33802-0368

Name

Dr. Kate Howze

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

301 North Florida Ave.

City

Lakeland, FL. 33802-0368

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

Kate Howze CEO

8/13/01

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

(NOTE: Registered Agent signature required when reinstating)

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CBD
 HALLOCK, DAVE
 1355 S. ORANGE AVE
 BARTOW FL 33830 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CBD.
 Dr. Richard O'Sullivan
 3229 Stone Water Drive
 Lakeland, FL. 33813 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VCD
 MORRISON, JOSEPH
 3500 S. FLORIDA AVE
 LAKELAND FL 33803-4869 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VCD
 John Ward
 2321 Rogers Road
 Lakeland, FL. 33813 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 MOSS, JUDY
 790 S. BROADWAY
 BARTOW FL 33830 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 Anne-Krcmer
 7 Lake Hollingsworth Dr.
 Lakeland, FL. 33813 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DS
 MOSS, JUDY
 790 S BROADWAY
 BARTOW FL 33830 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 Dr. Kate Howze
 301 North Florida Ave.
 Lakeland, FL. 33802-0368 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 COSTELLO, DANIEL J
 301 N FLORIDA AVE
 LAKELAND FL 33801 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 Dr. Kate Howze
 301 North Florida Ave.
 Lakeland, FL. 33802-0368 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 CROWELL, MIKE
 114 N TENNESSEE AVE
 LAKELAND FL 33801 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 Barbara Carpenter
 1339 Robert King High Dr.
 Lakeland, FL. 33805 ☒ 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:

Kate Howze **REQUIRED**

7/12/01

863-682-277 x224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)