

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91062 028 ****61.25

DOCUMENT # 718388

1. Entity Name

**THE DAY NURSERY ASSOCIATION OF LAKELAND, FLORIDA
, INC.**



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

122 Central Ave. West

Suite, Apt. #, etc.

3. Mailing Address

122 Central Ave. West

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

4. FEI Number **59-0766971**

Applied For

Not Applicable

Zip **33880-6313**

Country **USA**

Zip **33880-6313**

Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOWZE, KATE DR
301 NORTH FLORIDA AVE
LAKELAND FL 33802-0368**

7. Name and Address of New Registered Agent

Name

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

122 Central Ave. West

City

Winter Haven, FL

FL

Zip Code

33880-6313

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kate Howze

3/12/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CBD** ☐ Delete
NAME **O'SULLIVAN, RICHARD DR**
STREET ADDRESS **3229 STONE WATER DRIVE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **DVC** ☐ Delete
NAME **DEARING, LAURA**
STREET ADDRESS **9939 ROCK RIDGE ROAD**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **SD** ☐ Delete
NAME **KREMAR, ANNE**
STREET ADDRESS **7 LAKE HOLLINGSWORTH DR**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **P** ☐ Delete
NAME **HOWZE, KATE DR**
STREET ADDRESS **301 NORTH FLORIDA AVENUE**
CITY-ST-ZIP **LAKELAND FL 33802-0368**

TITLE **TD** ☐ Delete
NAME **CARPENTER, BARABAR**
STREET ADDRESS **1339 ROBERT KING HIGH DR**
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **D** ☐ Delete
NAME **POSTELL, VIVIAN**
STREET ADDRESS **812 SIXTH STREET**
CITY-ST-ZIP **LAKELAND FL 33808**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C / D** ☒ Change ☐ Addition
NAME **O'Sullivan, Richard DR**
STREET ADDRESS **3229-Stone-Water-Drive-**
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE **Vice C / D** ☒ Change ☐ Addition
NAME **Dearing, Laura**
STREET ADDRESS **9939-Rock-Ridge-Road**
CITY-ST-ZIP **Lakeland, FL 33810**

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

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

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

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

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:

S. Kate Howze **REQUIRED**

3/12/03

863-292-3210

CR2E037 (10/02)