# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:22

DOCUMENT # 719558 (9)

1. Corporation Name

BABY GATOR CHILD CARE CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| BUILDING #293, VILLAGE DRIVE<br>UNIVERSITY OF FLORIDA<br>GAINESVILLE FL 32611 | BUILDING #293, VILLAGE DRIVE<br>UNIVERSITY OF FLORIDA<br>GAINESVILLE FL 32611 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1970
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-1291260 ☐ Applied For ☐ Not Applicable

| | | | |
|---|---|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| City & State 23 | City & State 28 | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ | $68.75 Supplemental Fee Not Required |
| Zip 24 / Country 25 | Zip 29 / Country 30 | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No | |

9. Name and Address of Current Registered Agent

~~MICHAEL, ROLLO JAMES~~
~~P202 PEABODY HALL~~
~~UNIVERSITY OF FLORIDA~~
~~GAINESVILLE FL 32611~~

10. Name and Address of New Registered Agent

81 Name: Debra Langlois
82 Street Address (P.O. Box Number is Not Acceptable): 100 Norman Hall
83: University of Florida
84 City: Gainesville FL 85 Zip Code: 32611

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Debra Langlois — 2/2/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | ~~H.~~MARCHEV, HELEN | 1.2 NAME | Mahlios, Marc | |
| STREET ADDRESS | ~~126 TIGERT U OF FL~~ | 1.3 STREET ADDRESS | 258 Norman Hall, Univ. of Florida | |
| CITY-ST-ZIP | ~~GAINESVILLE, FL 00000~~ | 1.4 CITY-ST-ZIP | Gainesville, FL 32611 | |
| TITLE | D | 2.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | MICHAEL, ROLLO JAMES | 2.2 NAME | Debra Langlois | |
| STREET ADDRESS | 202 PEABODY U OF FL | 2.3 STREET ADDRESS | 100 Norman Hall, Univ. of Florida | |
| CITY-ST-ZIP | GAINESVILLE, FL 0 | 2.4 CITY-ST-ZIP | Gainesville, FL 32611 | |
| TITLE | D | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | POPPELL, JOHN E | 3.2 NAME | | |
| STREET ADDRESS | 204 TIGERT HALL | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GAINESVILLE, FL 0 | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] 2/3/95 J-9191,K224
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0020088