

2002 UNIFORM BUSINESS REPORT (UBR)

0003344

DOCUMENT # 734232

1. Entity Name

ST. AUGUSTINE DAY CARE CENTER, INC.

Principal Place of Business

Mailing Address

405 N.W. 4TH AVE.
GAINESVILLE FL 32601-5245

405 N.W. 4TH AVE.
GAINESVILLE FL 32601-5245

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
02 NOV 12 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1396706

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

GURTS, CLAYTON C.
2031 NW 15TH AVENUE
GAINESVILLE FL 32605

Name *Hertercene Dee*
Street Address (P.O. Box Number is Not Acceptable)
2306 S.W. 13th St Apt 1010
Gainesville FL
City *Gainesville FL* Zip Code *32608*

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 *Hertercene T. Dee*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *10-3-02*

After September 13, 2002,
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 VP
NAME HASKINS, JIM Delete
STREET ADDRESS 708 N.E. 1ST. STREET
CITY-ST-ZIP GAINESVILLE FL

TITLE *DU*
NAME *Charles S. Chestnut, III* Change Addition
STREET ADDRESS *18 N. W. 8th Ave.*
CITY-ST-ZIP *Gainesville, FL 32601*

TITLE D
NAME JONES, HERBERT Delete
STREET ADDRESS 315 NW 12 ST BOX 506
CITY-ST-ZIP HIGH SPRINGS FL

TITLE *DU*
NAME *Phyllis S. Benjamin* Change Addition
STREET ADDRESS *5935 S. E. CR 234*
CITY-ST-ZIP *Gainesville, FLA 32641*

TITLE STD
NAME ARES, ANN Delete
STREET ADDRESS 1308 NW 117TH TERR
CITY-ST-ZIP GAINESVILLE FL

TITLE
NAME ANN ARCS Change Addition
STREET ADDRESS *12233 NW 10th Pl*
CITY-ST-ZIP *Newberry, FL 32669*

TITLE V
NAME MCKETTY, EVELYN Delete
STREET ADDRESS 2101 N.W. 54TH TERR.
CITY-ST-ZIP GAINESVILLE FL

TITLE
NAME
STREET ADDRESS 800008938288
CITY-ST-ZIP 11/12/02--01091--008 **\$1.25

TITLE PD
NAME CURTIS, CLAYTON Delete
STREET ADDRESS 2031 NW 15TH AVE.
CITY-ST-ZIP GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE M
NAME HETERCENE, DEE Delete
STREET ADDRESS ~~2005 NW 5TH PL~~
CITY-ST-ZIP ~~GAINESVILLE FL 32603~~

TITLE *PROS*
NAME *Hertercene Dee* Change Addition
STREET ADDRESS *2306 S.W. 13th St. Apt. 1010*
CITY-ST-ZIP *Gainesville, FL 32608*

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: *Hertercene T. Dee* **REQUIRED**

10-3-02

338-8295

CR2E037 (4/02)