## **FILED**

Feb 10, 2003 8:00 am § Secretary of State

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

DOCUMENT # 734232

1. Entity Name

ST. AUGUSTINE DAY CARE CENTER, INC.					02-10	2003 9013	30136	01.23
405 N.W. 41	rlace of Business FH AVE. E FL 32601-5245	Mailing Address 405 N.W. 4TH AVE. GAINESVILLE FL 32601-524	15				F	
2. Principa	al Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State					☐ CHECK HERE IF MAKING CHANGES			
		City & State			4. FEI Number <b>59-1396706</b>		<del></del>	Applied For
Zip	Country	Zip	Country		5. Certificate of Status De	sired $\square$	\$8.75 A	lot Applicabl dditional
	6. Name and Address of Curre	ent Registered Agent	<u></u>		7. Name and Address of		Fee Requir	ed
-			Name	9	7. Name and Address of	New Register	a Agent	· <u>·</u> ·
DEE, HERTERCENE 2308 S.W. 13TH STREET			Street	Street Address (P.O. Box Number is Not Acceptable)				
APT 10	10 SVILLE FL 32608						*-	
WHILL	CANACOVILLE PE 32000			-	<del> </del>	F	Zip Co	de
8. The above	ve named entity submits this statemen	t for the purpose of changing its	registered office	or registere	ed agent, or both, in the State	of Florida I a	m familiar with	and accent
the oblig	ations of registered agent.		*	_	, , , , , , , , , , , , , , , , , , , ,			, and docopt
SIGNATURE	-							
SIGNATORE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registered Agent sign	nature required v	vhen reinstating)	DATE	<del></del>	<del></del>
<u></u>								
	FILE NOW FEE IS \$61.25	9. Election Cam Trust Fund C	paign Financing		\$5:00 May Be	*Make Che Iorida Dep	ck Payable	to∖™ State
10.	OFFICERS AND		11.	D. D. B. W. S. S. S. L. C.	DDITIONS/CHANGES TO O		71:6 %.	
TITLE	VPD	☐ Delete	TITLE	<del>  - ^</del>	DEMONS/CHANGES TO U	-FICERS AND	☐ Change	
NAME	HASKINS, JIM		NAME				∟ снапуе	Addition
STREET ADDRESS CITY-ST-ZIP	1 100 11101 1011 0111001		STREET ADDRESS	3				
	GAINESVILLE FL	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	<u> </u>				
TITLE NAME	JONES, HERBERT	☐ Delete	TITLE				☐ Change	Addition
street address	1		NAME					
CITY-ST-ZIP	HIGH SPRINGS FL		STREET ADDRESS	`	/			
TITLE	STD	☐ Delete	TITLE		- 04.404		#76i	C A Nove
NAME	ARES, ANN	L Deigle	NAME	11ce	asurer		Change	☐ Addition
STREET ADDRESS	10000		STREET ADDRESS					
CITY-ST-ZIP	NEWBERRY FL 32669		CITY-ST-ZIP	1				
TITLE	MOVETTY CARLAN	☐ Delete	TITLE	1		<del></del>	Change	Addition
IAME	MCKETTY, EVELYN		NAME	,				
TREET ADDRESS CITY-ST-ZIP	2101 N.W. 54TH TERR.  GAINESVILLE FL	the transfer of	STREET ADDRESS		**			
<del></del>	P. P		CITY-ST-ZIP		A some of the second of the se	ta due la	<u> </u>	<i>,</i>
itle Iame	HETERCENE, DEE	Delete Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		- Change	Addition
TREET ADDRESS	2308 S.W. 13TH STREET, APT	1010	NAME STREET ADDRESS		The first speed and the first speed and the			*
CITY-ST-ZIP	GAINESVILLE FL 32608	TOTAL AND COMMENTS	' CITY-ST-ZIP		The second secon	P. Walleton . Street, Mr. Combin.		
ITLE	D	□ Doloto	****	-	The same of the contraction of t	e symptom de sete por sur alico po		a de la companya de l
AME	CHESTNUT, CHARLES S III	Delete .	TITLE NAME				☐ Change	☐ Addition
TREET ADDRESS	18 N.W. 8TH AVENUE	•	STREET ADDRESS	1				

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

**GAINESVILLE FL 32601**