## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F47735 1. Entity Name

## GERRY'S DAY CARE AND LEARNING CENTER, INC.

					1			
Principal Place of Business Mailing Address				-				
110 TRUXTON AVE FT WALTON BEACH FL 32547		110 TRUXTON AVE FT WALTON BEACH FL 32547-2461				UIUVI	. <b>.</b>	
							1811 - 1818   1818   1818   1818	<b>                                    </b>
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address						
		Suite, Apt. #, etc.  City & State  Zip Country			DO NOT WRITE IN THIS SPACE  4. FEI Number 59-2148892 Applied For Not Applicable			
				try 5. Certificate of		Certificate of Status Desired	¢0.75 Auditoria	
	6. Name and Address of Current F	legistered Agent -	<del>'                                    </del>		71	Name and Address of New Registered	Agent	
and the same of th				Name				
GRIFFITH, GERALDINE 171 WALTON BRIDGE RD				Street Address (P.O. Box Number is Not Acceptable)				
	UNIAK SPRINGS FL 32433			City		<b>F</b>	Zip Code	
							<b>-</b>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S			Election Campaign Financing     Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND D	DIRECTORS	12.		AD	DDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	V GRIFFITH, GERALDINE 171 WALTON BRIDGE RD DEFUNIAK SPRINGS FL 32433	☐ Delete	TITLE NAME STREET A				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFITH, DANNY H 171 WALTON BRIDGE RD DE FUNIAK SPRINGS FL 32433	☐ Delete	TITLE NAME STREET A				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRIFFITH, GERALDINE 171 WALTON BRIDGE RD DE FUNIAK SPRINGS FL 32433	☐ Delete ─	TITLE NAME STREET A				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE FORMA SERINGS PE 32433	☐ Delete	TITLE NAME STREET A	DDRESS			☐ Change	Additio
TITLE		☐ Delete	TITLE				☐ Change	Additio

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

ERALDINE GRITITI

IGNING OFFICER OP

☐ Delete

Duffith

1-26-00

850-862-5000

☐ Change

Addition

Daytime Phone #

**FILED** 

Feb 29, 2000 8:00 am Secretary of State

02-29-2000 90172 010 \*\*\*150.00