

2004 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F47735**

1. Entity Name

GERRY'S DAY CARE AND LEARNING CENTER, INC.**FILED****Feb 22, 2001 8:00 am**
Secretary of State

02-22-2001 90007 010 ***150.00

Principal Place of Business

**110 TRUXTON AVE
FT WALTON BEACH FL 32547**

Mailing Address

**110 TRUXTON AVE
FT WALTON BEACH FL 32547**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2148892**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****GRIFFITH, GERALDINE
171 WALTON BRIDGE RD
DEFUNIAK SPRINGS FL 32433****7. Name and Address of New Registered Agent**Name
Street Address (P.O. Box Number is Not Acceptable)City **FL** Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	GRIFFITH, GERALDINE	171 WALTON BRIDGE RD	DEFUNIAK SPRINGS FL 32433	<input type="checkbox"/>
PD	GRIFFITH, DANNY H	171 WALTON BRIDGE RD	DE FUNIAK SPRINGS FL 32430	<input type="checkbox"/>
STD	GRIFFITH, GERALDINE	171 WALTON BRIDGE RD	DE FUNIAK SPRINGS FL 32430	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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.

SIGNATURE: *Geraldine Griffith* *Geraldine Griffith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-17-01 850-862-5000
Date Daytime Phone #

CR2E034 (10/00)