2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L38256

1. Entity Name HELENA'S HAVEN PRESCHOOL & CHILDCARE, INC. Principal Place of Business Mailing Address

FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90045 002 ***158.75

2315 PEORIA RD DRANGE PARK FL 32065 JS 2. Principal Place of Business		3315 PEORIA RD ORANGE PARK FL 32065-7622 US			1734	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN T	'HIS SPACE	
City & State		City & Stale		4. FEI Number 59-2980929	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registe		
			Name	Name a de table de la companya del companya de la companya del companya de la com		
GAY, JAMES F JR. 4345 CEDAR RD ORANGE PARK FL 32065			Street Address	s (P.O. Box Number is Not Acceptable)		
J.5.	102 110011 2 32333		City	<u> αξ</u> , δ	FL Zip Code	
	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!	E: Registered Agent signature requi	10. Election Campaign Financing Trust Fund Contribution.	S \$5.00 May Be Added to Fees	
	<u> </u>		le to Department of S	ADDITIONS/CHANGES TO OFFICERS	AND DIDECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND I GAY, HELEN MARIE 4345 CEDAR RD ORANGE PARK FL	- Delete -	12. - TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAY, JAMES FRANK, JR. 4345 CEDAR RD ORANGE PARK FL	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE			*****			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEGEL, MELODY 8439 PINE VERDE LANE JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
NAME STREET ADDRESS	RIEGEL, MELODY	☐ Delete	TITLE NAME STREET ADDRESS	·	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	RIEGEL, MELODY 8439 PINE VERDE LANE JACKSONVILLE FL D GAY, CATHERINE 2223 ASTOR STREET		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	·		

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.