

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90161 004 \*\*\*158.75

**DOCUMENT # L38256**

1. Entity Name  
**HELENA'S HAVEN PRESCHOOL & CHILDCARE, INC.**

Principal Place of Business 3315 PEORIA RD ORANGE PARK FL 32065 US	Mailing Address 3315 PEORIA RD ORANGE PARK FL 32065 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2980929</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GAY, JAMES F JR.**  
**4345 CEDAR RD**  
**ORANGE PARK FL 32065**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GAY, HELEN MARIE</b>	
STREET ADDRESS	<b>4345 CEDAR RD</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GAY, JAMES FRANK, JR.</b>	
STREET ADDRESS	<b>4345 CEDAR RD</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RIEDEL, MELODY</b>	
STREET ADDRESS	<b>8439 PINE VERDE LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GAY, CATHERINE</b>	
STREET ADDRESS	<b>2223 ASTOR STREET</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Melody Riegel</b>	
STREET ADDRESS	<b>5543 Forrest Drive</b>	
CITY-ST-ZIP	<b>Orange Park, FL 32065</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CATHERINE M. GAY</b>	
STREET ADDRESS	<b>190 VERA CRUZ DR. #212</b>	
CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Helen M. Gay  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2002 904  
Date Daytime Phone #

CR2E034 (9/01)