

2000 UNIFORM BUSINESS REPORT (UBR)

0009336 AF

DOCUMENT # **L97000000235**

1. Entity Name
TALLAHASSEE DAY SCHOOL, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 10 AM 9:30

Principal Place of Business: 517 EAST COLLEGE STREET, TALLAHASSEE FL 32301
Mailing Address: 517 EAST COLLEGE STREET, TALLAHASSEE FL 32301-2528



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: **59-3448322**
Applied For: Not Applicable
5. Certificate of Status Desired: \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WAUGH, EMILY S
-227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

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: *[Handwritten Signature]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)
DATE: *1/8/00* **OOPS**
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	MEM	<input type="checkbox"/> Delete
NAME	SANTON, JULIANNA T	
STREET ADDRESS	703 BEARD STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	MITCHELL, DAVID S	
STREET ADDRESS	826 CHERRY STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	MITCHELL, AMELIA C	
STREET ADDRESS	826 CHERRY STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

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

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ny 2/22/00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER: **JULIANNA SANTON**
Date: *1/8/00*
Daytime Phone #: *(850) 224-1749*

CR2E083 (9/99)