


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

03-14-2003 90003 043 \*\*\*\*50.00

<b>DOCUMENT # L97000000235</b>							
1. Entity Name <b>TALLAHASSEE DAY SCHOOL, L.C.</b>							
Principal Place of Business <b>517 EAST COLLEGE STREET TALLAHASSEE FL 32301</b>			Mailing Address <b>517 EAST COLLEGE STREET TALLAHASSEE FL 32301</b>				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>59-3448322</b> Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>WAUGH, EMILY S. 227 SOUTH CALHOUN STREET TALLAHASSEE FL 32301</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>Julianna T. Stanton</i>		<b>JULIANNA T. STANTON</b>		<b>3/11/03</b>			
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>			
<b>FILE NOW!!! FEE IS \$50.00</b>			<b>Make Check Payable to Florida Department of State</b>				
<b>Due By May 1, 2003</b>							
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	<b>MEM</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>SANTON, JULIANNA T</b>	<i>president</i>	NAME				
STREET ADDRESS	<b>703 BEARD STREET</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>		CITY-ST-ZIP				
TITLE	<b>MEM</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>MITCHELL, DAVID S</b>	<i>sec. treas</i>	NAME				
STREET ADDRESS	<b>826 CHERRY STREET</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>		CITY-ST-ZIP				
TITLE	<b>MEM</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>MITCHELL, AMELIA C</b>		NAME				
STREET ADDRESS	<b>826 CHERRY STREET</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <i>Julianna T. Stanton</i>		<b>JULIANNA T. STANTON</b>		<b>3/11/03 (850) 224-1749</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>			

CR2E083 (10/02)