


**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

**DOCUMENT # L97000000235**  
1. Entity Name  
**TALLAHASSEE DAY SCHOOL, L.C.**



Principal Place of Business: **517 EAST COLLEGE STREET TALLAHASSEE FL 32301**  
Mailing Address: **517 EAST COLLEGE STREET TALLAHASSEE FL 32301**

2. Principal Place of Business: Suite, Apt. #, etc.  
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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE *Julianna T. Stanton* **JULIANNA T. STANTON** **3/11/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

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

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: *Julianna T. Stanton* **JULIANNA T. STANTON** **3/11/03** **(850) 224-1749**  
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (10/02)