

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90069 015 ****61.25

007751

DOCUMENT # N24158

1. Entity Name

ORLANDO DAY NURSERY FOUNDATION, INC.

Principal Place of Business

Mailing Address

ORLANDO DAY NURSERY
 100 W. ANDERSON STREET
 ORLANDO FL 32801
 US

ORLANDO DAY NURSERY
 100 W. ANDERSON STREET
 ORLANDO FL 32801
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2865202

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAYNE, BILLIE H.
100 WEST ANDERSON STREET
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ASHER, MARY JO	
STREET ADDRESS	2221 SANTA ANTILLES	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	EUBANKS, PATRICIA	
STREET ADDRESS	2180 TUSCARORA TR	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PECORA, ANNE	
STREET ADDRESS	614 E. RICHMOND AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WING, JANE W.	
STREET ADDRESS	1224 ROYAL OAK DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MARTIN, W.R.	
STREET ADDRESS	1861 SHILOH LANE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harris, Marlon	
STREET ADDRESS	555 Jackson Unit 2	
CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTER, Kathleen	
STREET ADDRESS	525 Esther	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTER, Shirley	
STREET ADDRESS	9445 Lake Hickery Nut	
CITY-ST-ZIP	Winter Garden, FL 34782	
TITLE	Exofficio D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KABOOL, Angela	
STREET ADDRESS	4817 Lighthouse Circle	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	REGISTERED AGENT & D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAYNE, Billie H	
STREET ADDRESS	100 West Anderson Street	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/01 407 644 0534

Date

Daytime Phone #

CR2E087 (10/00)