

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90013 001 ****61.25
 03-09-2000 90013 002 ****8.75

DOCUMENT # N33577

1. Entity Name

SONSHINE DAY PRESCHOOL, INC.

Principal Place of Business

Mailing Address

**4039 NEWBERRY ROAD
 GAINESVILLE FL 32607**

**4039 NEWBERRY ROAD
 GAINESVILLE FL 32607-2342**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2965294

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COWART, PAULINE
 4039 NEWBERRY RD
 GAINESVILLE FL 32607**

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

Pauline Cowart

Pauline Cowart, Director

1-19-00

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	P	<input checked="" type="checkbox"/> Delete
NAME	MALPASS, GAYLE	
STREET ADDRESS	3311 NW 26TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	V	<input type="checkbox"/> Delete
NAME	GEORGE, CLEONA	
STREET ADDRESS	6423 NW SR 45	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	A P	<input type="checkbox"/> Delete
NAME	CREWS, TERRY	
STREET ADDRESS	4630 NW 27TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WASDIN, DIANE	
STREET ADDRESS	19107 NE US HWY 301	
CITY-ST-ZIP	WALDO FL 32694	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, MITCH	
STREET ADDRESS	4116 SW 170TH ST	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	D	<input type="checkbox"/> Delete
NAME	COWART, PAULINE	
STREET ADDRESS	4311 NW 13TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tony Mizrahy	
STREET ADDRESS	5140 NW 80th Ave	
CITY-ST-ZIP	Gainesville FL 32653	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Torres	
STREET ADDRESS	10904 NW 32nd Pl	
CITY-ST-ZIP	Gainesville FL 32606	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Crews	
STREET ADDRESS	4630 NW 27th Terr	
CITY-ST-ZIP	Gainesville FL 32605	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane Smith	
STREET ADDRESS	3847 SW 6th Pl	
CITY-ST-ZIP	Gainesville FL 32607-221	
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		

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:

Pauline Cowart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-00 352-312-2682

CR2E037 (9/99)