

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90045 008 ****61.25

DOCUMENT # N33577

1. Entity Name

SONSHINE DAY PRESCHOOL, INC.

Principal Place of Business

4039 NEWBERRY ROAD
 GAINESVILLE FL 32607

Mailing Address

4039 NEWBERRY ROAD
 GAINESVILLE FL 32607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

-Country

4. FEI Number

59-2965294

Applied For

Not Applicable

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-01

**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 NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	MIZRAHY, TONY	
CITY-ST-ZIP	5140 NW 80TH AVE GAINESVILLE FL 32653	
TITLE NAME	V	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	GEORGE, CLEONA	
CITY-ST-ZIP	6423 NW SR 45 HIGH-SPRINGS FL-32643	
TITLE NAME	P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	CREWS, TERRY	
CITY-ST-ZIP	4630 NW 27TH TERR GAINESVILLE FL 32605	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	SMITH, JANE	
CITY-ST-ZIP	3847 SW 6TH PL GAINESVILLE FL 32607-221	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	WRIGHT, MITCH	
CITY-ST-ZIP	4116 SW 170TH ST ARCHER FL 32618	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	COWART, PAULINE	
CITY-ST-ZIP	4311 NW 13TH AVE GAINESVILLE FL	

TITLE NAME	Pam Hollingsworth, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1007 NW 104th Terr	
CITY-ST-ZIP	Gainesville FL 32606	
TITLE NAME	Linda Tormes, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10904 NW 32nd Pl	
CITY-ST-ZIP	Gainesville FL 32606	
TITLE NAME	Amy Nix, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1034 SW 74th Terr	
CITY-ST-ZIP	Gainesville FL 32607-3393	
TITLE NAME	Diane Terry, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	205 SW 40th Drive	
CITY-ST-ZIP	Gainesville FL 32607-2788	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

1-26-01

352-372-2682
 Date Daytime Phone #

CR2E037 (10/00)