

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90078 039 \*\*\*\*61.25

**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**

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**

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

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** ☒ Delete  
 NAME **MIZRAHY, TONY**  
 STREET ADDRESS **5140 NW 80TH AVE**  
 CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Lisa Allen**  
 STREET ADDRESS **2327 NW 40th Pl**  
 CITY-ST-ZIP **Gainesville FL 32605**

TITLE **V** ☒ Delete  
 NAME **HOLLINGSWORTH, PAM**  
 STREET ADDRESS **1007 NW 104 TERRACE**  
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Diane Terry**  
 STREET ADDRESS **205 SW 40th Terr**  
 CITY-ST-ZIP **Gainesville FL 32607-2788**

TITLE **P** ☐ Delete  
 NAME **TORMES, LINDA D**  
 STREET ADDRESS **10904 NW 32ND PL**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **Carole DeViese - D** ☐ Change ☒ Addition  
 NAME **8502 SW 52nd Pl**  
 CITY-ST-ZIP **Gainesville FL 32608**

TITLE **D** ☐ Delete  
 NAME **SMITH, JANE**  
 STREET ADDRESS **3847 SW 6TH PL**  
 CITY-ST-ZIP **GAINESVILLE FL 32607-221**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **WRIGHT, MITCH**  
 STREET ADDRESS **4116 SW 170TH ST**  
 CITY-ST-ZIP **ARCHER FL 32618**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **COWART, PAULINE**  
 STREET ADDRESS **4311 NW 13TH AVE**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☐ 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 FOR COWART**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/02 352-333-0017**

Date

Daytime Phone #

CR2E037 (9/01)