2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90091 034 ****61.25

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DOCUMENT # N45406

1. Entity Name

DAISY ADAMS CENTER, INC.

Principal Place of Business	Mailing Address
701 ANASTASIA BLVD B BUILDING ST AUGUSTINE FL 32084 US	~~P O BOX 3689~~ ST AUGUSTINE FL 32085-3689 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 366 Suite, Apt. #, etc.
City & State	City & State: St. Augustine, FL
Zip / Country	Zip: 32085-366 / Country: USA

4. FEI Number: 59-3097694 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUTLER, G D
5902 RIO ROYALLE RD.
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name: Butler G. D.
Street Address (P.O. Box Number is Not Acceptable): 2005 Mariposa Vista Ln. # 135
City: St. Augustine FL Zip Code: 32084

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARBER, TRISH 39 ANASTASIA LAKES DR SAINT AUGUSTINE FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRIPE, JUDI 40 KON TIKI CIRCLE ST AUGUSTINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEDDLE, PATRICIA 351 ARMAS AVE SAINT AUGUSTINE FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRIPI, TONY 40 KON TIKI CIRCLE ST AUGUSTINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BUTLER, G D ~~5902 RIO ROYALLE RD.~~ 2005 Mariposa Vista Ln #135 ST. AUGUSTINE FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: G D Butler 4/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #