# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 23, 2002 8:00 am**
**Secretary of State**
07-23-2002 90324 044 ****70.00

DOCUMENT # N45406

1. Entity Name

DAISY ADAMS CENTER, INC. ✓

| Principal Place of Business | Mailing Address |
|---|---|
| 701 ANASTASIA BLVD<br>B BUILDING<br>ST AUGUSTINE FL 32084<br>US | P.O. BOX 366<br>ST AUGUSTINE FL 32085-366<br>US |

DO NOT WRITE IN THIS SPACE

| 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 59-3097694 ☐ 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 |
|---|---|
| BUTLER, G D<br>2005 MARIPOSA VISTA LANE<br># 135<br>ST. AUGUSTINE FL 32084 | Name<br>Street Address (P.O. Box Number is Not Acceptable) 211 Shore Drive<br>City St. Augustine **FL** Zip Code 32086 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE G. Dee Butler G. Dee Butler, President 7/19/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**After September 13, 2002, min. will be $236.25.**

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<br>GARBER, TRISH<br>39 ANASTASIA LAKES DR<br>SAINT AUGUSTINE FL 32084 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>522 Turnberry Lane<br>St. Augustine FL 32080 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TRIPE, JUDI<br>40 KON TIKI CIRCLE<br>ST. AUGUSTINE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WEDDLE, PATRICIA<br>351 ARMAS AVE<br>SAINT AUGUSTINE FL 32095 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>505 Prince Road<br>St. Augustine FL 32086 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TRIPI, TONY<br>40 KON TIKI CIRCLE<br>ST AUGUSTINE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>BUTLER, G D<br>2006 MARIPOSA VISTA LANE # 135<br>ST. AUGUSTINE FL 32084 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>211 Shore Drive<br>St. Augustine FL 32086 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (4/02)

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. Dee Butler G. Dee Butler 7/19/02 904-826-0424