

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000263

1. Entity Name

NEWTOWN DAY NURSERY OF SARASOTA INC.

Principal Place of Business

Mailing Address

1729 33RD STREET
SARASOTA FL 34234
US

P O BOX 3365
SARASOTA FL 34230-3365

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0785717

Applied For

Not Applied For

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

GIERHART, CHARLES A CPA
100 WALLACE AV
SUITE 360
SARASOTA FL 34230

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 NAME STREET ADDRESS CITY-ST-ZIP	D ATKINS, BRIAN 2115 NO. TUTTLE AVE. SARASOTA FL 34234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, ALLEAN 1570 22ND ST. SARASOTA FL 34234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLETT, MARIE 2801 NO LINKS AVE. SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BACON, EULA T 5876 CLUBSIDE DR. SARASOTA FL 34234	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED GRIMES, RAYMELL B 1580 28TH ST. SARASOTA FL 34234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIRES, RUTH 2956 NOBLE AVE. SARASOTA FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wilson, Allean D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add 1570 22nd St. Sarasota, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Millett, Marie D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add 5876 Clubside Dr. Sarasota, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Happy, Diane <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add 4320 Center Pointe Lane Sarasota, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 another like empowered.

SIGNATURE: RAYMELL B. GRIMES January 31, 2000 941-355-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #