

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000263

1. Entity Name

HELEN R. PAYNE DAY NURSERY, INC.

**FILED**  
**Aug 15, 2001 8:00 am**  
**Secretary of State**

08-15-2001 90002 015 \*\*\*\*61.25

Principal Place of Business

1729 33RD STREET  
SARASOTA FL 34234  
US

Mailing Address

P O BOX 3365  
SARASOTA FL 34230

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

59-0785717

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

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**  
**After September 12, 2001, 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 **D** ☐ Delete  
NAME **ATKINS, BRIAN**  
STREET ADDRESS **2115 NO. TUTTLE AVE.**  
CITY-ST-ZIP **SARASOTA FL 34234**

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

TITLE **D** ☐ Delete  
NAME **WILSON, ALLEAN**  
STREET ADDRESS **1570 22ND ST.**  
CITY-ST-ZIP **SARASOTA FL 34234**

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

TITLE **D** ☐ Delete  
NAME **MILLETT, MARIE**  
STREET ADDRESS **2801 NO LINKS AVE.**  
CITY-ST-ZIP **SARASOTA FL**

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

TITLE **S** ☐ Delete  
NAME **HAPPY, DIANE**  
STREET ADDRESS **4320 CENTER POINTE LANE**  
CITY-ST-ZIP **SARASOTA FL 34234**

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

TITLE **ED** ☐ Delete  
NAME **GRIMES, RAYMELL B**  
STREET ADDRESS **1580 28TH ST.**  
CITY-ST-ZIP **SARASOTA FL 34234**

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

TITLE **D** ☐ Delete  
NAME **SPIRES, RUTH**  
STREET ADDRESS **2956 NOBLE AVE.**  
CITY-ST-ZIP **SARASOTA 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMELL GRIMES

7/27/01

(941) 366-4444

CR2E037 (5/01)