

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

1100001

**DOCUMENT # N93000000263**

1. Entity Name

**HELEN R. PAYNE DAY NURSERY, INC.**



05-05-2003 90792 001 \*\*\*\*61.25  
05-05-2003 90792 002 \*\*\*\*\*8.75

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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

4. FEI Number **59-0785717** Applied For  
Not Applicable

Zip Country Zip Country

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**GIERHART, CHARLES A CPA  
100 WALLACE AV  
SUITE 260  
SARASOTA FL 34230**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ATKINS, BRIAN</b>	
STREET ADDRESS	<b>2115 NO. TUTTLE AVE.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, ALLEAN</b>	
STREET ADDRESS	<b>1570 22ND ST.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FREDERICK, LEATHA</b>	
STREET ADDRESS	<b>PO BOX 9054</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34278</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HAPPY, DIANE</b>	
STREET ADDRESS	<b>4320 CENTER POINTE LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> Delete
NAME	<b>GRIMES, RAYMELL B</b>	
STREET ADDRESS	<b>1580 28TH ST.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SPIRES, RUTH</b>	
STREET ADDRESS	<b>2956 NOBLE AVE.</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **RECEIVED** *X April 23, 2003*

CR2E037 (10/02)