

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

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90439 027 \*\*\*\*\*61.25

**DOCUMENT # N96000000956**

1. Entity Name

**CALHOUN STREET DOWNTOWN BABIES, INC.**



Principal Place of Business

**303 E. JEFFERSON ST.  
TALLAHASSEE FL 32301**

Mailing Address

**303 E. JEFFERSON ST.  
TALLAHASSEE FL 32301**

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 **59-3392017**

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

**DAUGHTON, MAUREEN M  
NABORS, GIBLIN & NICKERSON, P.A.  
315 S. CALHOUN STREET, SUITE 800  
TALLAHASSEE FL 32301**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DOUGHTY, TOM</b>	
STREET ADDRESS	<b>8087 EVCY STAR LA</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>NABORS, ROBERT L</b>	
STREET ADDRESS	<b>4504 ROCKBRIDGE HOLLOW</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEIKAUF, NANCY</b>	
STREET ADDRESS	<b>315 S. CALHOUN STREET #712</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAUGHTON, JIM</b>	
STREET ADDRESS	<b>315 S. CALHOUN ST., #600</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WARD, BARRY</b>	
STREET ADDRESS	<b>3107 CAMELLIAWOOD CIR W</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>HULSE, DAVID</b>	
STREET ADDRESS	<b>12567 N MERIDIAN</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Virginia Delegal</b>	
STREET ADDRESS	<b>4859 Highgrove Rd.</b>	
CITY-ST-ZIP	<b>Tall, FL 32308</b>	
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 REQUIRED** **Robert L. Nabors** **4-15-03** **(850) 224-4070**

CR2E037 (10/02)