2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 13, 2000 08:00 AM DOCUMENT # N9600004991 1. Entity Name **Secretary of State** A DAY FOR CHARITY, INC. Principal Place of Business Mailing Address 6 HICKORY HILLS CIRCLE 6 HICKORY HILLS CIRCLE LITTLE ROCK LITTLE ROCK AR AR 722122766 722122766 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0723718 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 1150 SOUTH US HIGHWAY #1., STE 401 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL33477 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. 09/13/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate STD TITLE ☐ Addition NAME RALTON GLORIA NAME STREET ADDRESS STPEET ADDRESS 51 BELLE MEADOW LANE CITY-ST-ZIP CITY-ST-ZIP LITTLE ROCK AR TITLE VD ☐ Delete ☐ Change ☐ Addition NAME NAME DAY GLEN STREET ADDRESS 6 HICKORY HILLS CIRCLE STREET ADDRESS CITY-ST-ZIP LITTLE ROCK AR 722122766 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME RALSTON-DAY JENNIFER. STREET ADDRESS 6 HICKORY HILLS CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LITTLE ROCK AR 722122766 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAR/F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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^{12.} I hereby certify that the information supplied with this filling 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.