

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006022

1. Entity Name

ALACHUA COUNTY DAY, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90301 017 ****70.00

Principal Place of Business

Mailing Address

3826 N.W. 266TH ST.
NEWBERRY FL 32669

P.O. BOX 1403
NEWBERRY FL 32669-1403

2. Principal Place of Business

3. Mailing Address

135 NW 266th Street
Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Newberry, Florida

City & State

4. FEI Number
59-3477168

Applied For
Not Applicable

Zip
32669

Country
USA

Zip

Country

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

MARTIN, CLAY
3826 N.W. 266TH ST.
NEWBERRY FL 32669

Name

Street Address (P.O. Box Number is Not Acceptable)
135 NW 266th Street

City
Newberry

FL

Zip Code
32669

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.

Clay Martin, Executive Director

DATE 4/20/00

(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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Delete
NAME ZOROVICH, LARRY
STREET ADDRESS 31055 MAIN ST
CITY-ST-ZIP HIGH SPRINGS FL 32043

TITLE DP ☐ Change ☒ Addition
NAME Jane Segal
STREET ADDRESS 302 Hwy 301 S.
CITY-ST-ZIP Hawthorne, FL 32640

TITLE DV ☐ Delete
NAME WINTERS, SONYA
STREET ADDRESS 300 E UNIVERSITY AVE
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE DT ☒ Change ☐ Addition
NAME Sonia Winters
STREET ADDRESS 300 East University Ave.
CITY-ST-ZIP Gainesville, FL 32601

TITLE DV ☐ Delete
NAME DAVIS, LOUIE
STREET ADDRESS P.O. BOX 222
CITY-ST-ZIP WALDES FL 32694

TITLE DV ☒ Change ☐ Addition
NAME Louie Davis
STREET ADDRESS 207 SW 4th Blvd.
CITY-ST-ZIP Waldo, FL 32694

TITLE D ☐ Delete
NAME GLANEER, JOY
STREET ADDRESS P.O. BOX 422
CITY-ST-ZIP NEWBERRY FL 32669

TITLE D ☒ Change ☐ Addition
NAME Joy Glanzer
STREET ADDRESS 25050 W. Newberry Road
CITY-ST-ZIP Newberry, FL 32669

TITLE D ☐ Delete
NAME KALIVODA, LOUIS
STREET ADDRESS 724 S.W. 28TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32601

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

TITLE D ☒ Delete
NAME WAGNER, VIVIAN G
STREET ADDRESS 202 W. LAKE AVE.
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE D ☐ Change ☒ Addition
NAME Bo Turner
STREET ADDRESS 5 NW 1st Street
CITY-ST-ZIP High Springs, FL 32643

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/20/00 352-481-4436
Date Daytime Phone #

CR2E037 (9/99)