

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006022

1. Entity Name

ALACHUA COUNTY DAY, INC.

Principal Place of Business

135 NW 266TH STREET
NEWBERRY FL 32669

Mailing Address

P.O. BOX 1403
NEWBERRY FL 32669

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

59-3477168

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

MARTIN, CLAY
135 NW 266TH STREET
NEWBERRY FL 32669

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SEGAL, JANE
302 HWY 301 S.
HAWTHORNE FL 32640

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

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

☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
DAVIS, LOUIE
207 SW 4TH BLVD
WALDES FL 32694

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GLANEER, JOY
25050 W. NEWBERRY ROAD
NEWBERRY FL 32669

☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KALIVODA, LOUIS
724 S.W. 26TH PLACE
GAINESVILLE FL 32601

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
Steve Elder
303 NW 8th Avenue
Gainesville, FL 32601
Change
Addition

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

Date

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90096 006 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)