

# 2002 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

3000 NW 83rd Street, Building F

3. Mailing Address

P.O. Box 125

Suite, Apt. #, etc.

Attn: Guy York

City & State

3

Gainesville, FL

City & State

Hawthorne, FL

Zip

32606

Zip

32640

Country

USA

Country

USA

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

MARTIN, CLAY  
135 NW 266TH STREET  
NEWBERRY FL 32669

## 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/02

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

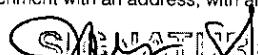
## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

CR2E037 (9/01)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEGAL, JANE 302 HWY 301 S. HAWTHORNE FL 32640	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WINTERS, SONIA 300 E UNIVERSITY AVE GAINESVILLE FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAVIS, LOUIE 207 SW 4TH BLVD WALDES FL 32694	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLANZER, JOY 25050 W. NEWBERRY ROAD NEWBERRY FL 32669	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALIVODA, LOUIS 724 S.W. 26TH PLACE GAINESVILLE FL 32601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ELDER, STEVE 303 NW 8TH AVE GAINESVILLE FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOY GLANZER

4/30/02

352-472-5000

FILED  
May 10, 2002 8:00 am  
Secretary of State

05-10-2002 90009 023 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

Daytime Phone #