

2000 UNIFORM BUSINESS REPORT (UBR)

5/8.

FILED

Jun 19, 2000 8:00 am
Secretary of State

05-08-2000 90100 019 ****70.50

DOCUMENT # N99000000019

1. Entity Name

DAY BY DAY WITH FRIENDS, FAMILY AND RENE, INC. (R)

Principal Place of Business

Mailing Address

1500 WEST HIGHLANDS ST. #121
LAKELAND FL 33815P.O. BOX 7581
LAKELAND FL 33807-7581

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

59-3498577

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

WILLIAMS, RENE

1500 WEST HIGHLANDS ST. #121
LAKELAND FL 33815

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PO	<input type="checkbox"/> Delete
NAME	WILLIAMS, RENE	
STREET ADDRESS	1500 WEST HIGHLANDS ST.	
CITY-ST-ZIP	LAKELAND FL 33815	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, MYRA J.	
STREET ADDRESS	808 E VALENCIA ST	
CITY-ST-ZIP	LAKELAND FL 33805	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, CYNTHIA	
STREET ADDRESS	2450 4TH ST.	
CITY-ST-ZIP	MULBERRY FL 33860	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon Christman	
STREET ADDRESS	3307 N. Bella Vista Street	
CITY-ST-ZIP	LAKELAND FL 33810	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denise Williams (Director)	
STREET ADDRESS	1726 Terry Circle N.E.	
CITY-ST-ZIP	Winter Haven FL 33881	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Daytime Phone #

CR2E037 (9/99)