## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P95000062599** 1. Entity Name **GREAT OAKS DAYSCHOOL INCORPORATED**

Jan 08, 2001 8:00 am Secretary of State 01-08-2001 90053 046 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP HAVANA FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP  ROBSON, JAMES, STREET ADDRESS CITY-ST-ZIP  TALLAHASSEE FL 32303  TITLE NAME STREET ADDRESS CITY-ST-ZIP						01-08-2001 9003	3 040	30.00	
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Zip   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Plaquitors   \$9.75 Additional Fee Pl	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE		
6. Name and Address of Current Registered Agent  ROBSON, TERESA 7078 BLUEBERRY HILL DR TALLAHASSEE FL 32303  6. 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  9. This corporation is eligible to satisfy its inflangible Tax filing requirement and elects to do so. (See orteria on back)  TILE NAME ROBSON, TERESA 7078 BLUEBERRY HILL DR TOFFICERS AND DIRECTORS  TILE NAME ROBSON, TERESA 7078 BLUEBERRY HILL DR TOFFICERS AND DIRECTORS TALLAHASSEE FL 32303  TILE NAME ROBSON, TERESA 7078 BLUEBERRY HILL DR TOFFICERS AND DIRECTORS TOFFICERS TOFF	City & State		City & State		4. ⊨	El Number <b>59-3334162</b>	1——		
ROBSON, TERESA 7078 BLUEBERRY HILL DR TALLAHASSEE FL 32303  6. 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  9. This corporation is eligible to satisfy its intangible (See orders on back)   Detection of the purpose of June 1997   Part MAY 1, 2001   Fee will be \$550.00   Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME SIRET ANDRESS OTTY-ST-2P  TITLE  OFFICERS AND DEGREE NAME  ROBSON, TERESA 7078 BLUEBERRY HILL DR TOTAL STANDARD STORY ST-2P  TITLE  MAKE SIRET ANDRESS 7078 BLUEBERRY HILL DR TOTAL STANDARD STORY ST-2P  TITLE MAKE SIRET ANDRESS CITY-ST-2P  TITLE MAKE SIRET ANDRESS CITY-	Zip	Country	Zip	Country	5. 0	Certificate of Status Desired			
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TALLAHASSEE FI. 32303  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  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   Make Check Payable to Department of State   Make Check Payable to Department of S				Name			•		
### Addition   Change					Street Address (P.O. Box Number is Not Acceptable)				
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13. 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	13. I hereby o	certify that the information supplied with t	this filing does not qualify f	or the exemption stated in	Section 1	119.07(3)(i), Florida Statutes. I further o	ertify that the	information r or director	

indicated on this report or suppremental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that if an another or of the copporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 SIGNATURE: 9