


2005
2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90107 029 ***150.00

DOCUMENT # **P95000073471**

1. Entity Name
NORTH FLORIDA DAYCARE, INC.



Principal Place of Business Mailing Address
4138 NW 13TH STREET **4138 NW 13TH STREET**
GAINESVILLE FL 32609 **GAINESVILLE FL 32609**
US **US**

50049272



CHECK HERE IF MAKING CHANGES

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 **59-3338834** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS HIXON, TAMI S 4138 NW 31ST STREET GAINESVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HIXON, DAVID E. 4138 NW 13TH STREET GAINESVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSM Hixon, Tami S. 4138 NW 13th Street Gainesville, FL 32609-1864 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Hixon, David E. 4138 NW 13th Street Gainesville, FL 32609-1864 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on behalf of the Corporation or that I am an officer or director of the corporation or that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address, and if other like empowered.

SIGNATURE: *Tami Hixon*
TAMI HIXON (TAMI HIXON)

4/29/03 (352)378-8231

ATTACHMENT
50049272



Division of Corporations

Annual Report

Document Number

P95000073471

Business Entity Name

NORTH FLORIDA DAYCARE, INC.

FEI Number 593338834
FEI Number Status Applied For Not Applicable Current
Certificate of Status Desired Yes No \$8.75 each
Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 4138 NW 13TH STREET
Suite, Apt. #, etc.
City, State GAINESVILLE FL
Zip Code & Country 32609 US

Mailing Address

Address 4138 NW 13TH STREET
Suite, Apt. #, etc.
City, State GAINESVILLE FL
Zip Code & Country 32609 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) [Redacted]
-or- RA Business Name THE LAW FIRM OF LAWRENCE J SPIEGEL
Address 343 ALMERIA AVENUE
Suite, Apt. #, etc.
City, State CORAL GABLES FL
Zip Code & Country 33134 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

ATTACHMENT SD049272
PA5000013471

Officer/Director Name And Address

Title PDS

Name (Last, First, Middle, Title) HIXON TAMI S

-or- Entity Name _____

Street Address 4138 NW 31ST STREET

City, State GAINESVILLE FL

Zip Code & Country 32609 US

Title VT

Name (Last, First, Middle, Title) HIXON DAVID E

-or- Entity Name _____

Street Address 4138 NW 13TH STREET

City, State GAINESVILLE FL

Zip Code & Country 32609 US

Title _____

Name (Last, First, Middle, Title) _____

-or- Entity Name _____

Street Address _____

City, State _____

Zip Code & Country _____

Title _____

Name (Last, First, Middle, Title) _____

-or- Entity Name _____

Street Address _____

City, State _____

Zip Code & Country _____

Title _____

Name (Last, First, Middle, Title) _____

-or- Entity Name _____

Street Address _____

City, State _____

Zip Code & Country _____

Title _____

Name (Last, First, Middle, Title) _____

-or- Entity Name _____
 Street Address _____
 City, State _____
 Zip Code & Country _____

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title
 Officer/Director Signature James S. Hixon 4/28/05

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

[Sunbiz Home Page](#)

[Annual Report Help](#)