

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90344 008 ***150.00

DOCUMENT # P97000070660

1. Entity Name
TAMPA DAY SCHOOL, INC.

Principal Place of Business 3020 W. AZEEL STREET TAMPA FL 33609	Mailing Address 3020 W. AZEEL STREET TAMPA FL 33609
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Tampa Day School</i> Suite, Apt. #, etc. <i>12606 Henderson Road</i> City & State <i>Tampa FL</i> Zip <i>33625</i> Country <i>Hillsb.</i>	3. Mailing Address Suite, Apt. #, etc. <i>4331 Carrollwood Village Drive</i> City & State <i>Tampa FL</i> Zip <i>33624</i> Country <i>Hillsb.</i>
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4. FEI Number 59-3479282	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KARNISKI, WALTER M M.D.
3670 HENDERSON BLVD.
TAMPA FL 33609

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 *W Karniski* DATE *2/28/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELANEY, LOIS 327 SOUTH BATH CLUB <i>11750 Park Blvd. Seminole FL</i> NORTH REDINGTON BEACH FL 33708 <i>33772</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KARNISKI, WALTER 3670 HENDERSON BLVD. TAMPA FL 33609
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of the corporation 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: *Walt Karniski* DATE *2/28/01* DAYTIME PHONE # *813-264-4500*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)