2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P99000023599 May 15, 2000 8:00 am Secretary of State SARAH'S PLAYHOUSE DAYCARE, INC. 05-15-2000 90306 047 ***150.00 Principal Place of Business Mailing Address 939 SPRINGWOOD CIRCLE 939 SPRINGWOOD CIRCLE **BRADENTON FL 34202-2647 BRADENTON FL 34202** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOMELDORPH, HOWARD R JR. Box Number is Not Acceptable) 6489 PARKLAND DR. SARASOTA FL 34243 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. foward R Wome Idosph TR FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to sa 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE PERSAILS, WAYNE A NAME NAME 939 SPRINGWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** 🖬 Addition Change ☐ Delete TITLE NAME 939 SOR MAMORA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE obert Sauch NAME NAME 3806 33RD AVE W STREET ADDRESS STREET ADDRESS BRADEN ton, FL 34205 CITY-ST-ZIP CITY-ST-ZIP **X** Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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.