

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080489

1. Entity Name

DAYBREAK/A.D.C., INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90129 050 ***150.00

Principal Place of Business

Mailing Address

49 SE BEACH TREE LANE
STUART FL 34994

49 SE BEACH TREE LANE
STUART FL 34994-5909



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Stuart, Florida

Stuart, Florida

4. FEI Number

65-0950095

Applied For

Not Applicable

Zip

Country

Zip

Country

34997

34997

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

CRARY, LAWRENCE E III
555 COLORADO AVENUE, SUITE 1
STUART FL 34994

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

Kathleen A. Kelly Vice President

1/21/00

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MACDONALD, JANET K
STREET ADDRESS 49 SE BEACH TREE LANE
CITY-ST-ZIP STUART FL 34994

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KELLY, KATHLEEN A
STREET ADDRESS 87 LIVE OAK CIRCLE
CITY-ST-ZIP TEQUESTA FL 33469

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BARANIAK, GREGORY
STREET ADDRESS 2646 SW RIVER SHORE DRIVE
CITY-ST-ZIP PORT ST. LUCIE FL 34984

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen A. Kelly Vice President

Date

Daytime Phone #

(561) 219-5954

CR2E034 (9/99)