

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90173 013 \*\*\*150.00

**DOCUMENT # V18781**

1. Entity Name

**WENDY DEFORNO FAMILY DAY CARE HOME, INC.**

Principal Place of Business

5135 NASHVILLE DR  
 TAMPA FL 33624

Mailing Address

5135 NASHVILLE DR  
 TAMPA FL 33624

2. Principal Place of Business

**5334 WINHAWK WAY**

Suite, Apt. #, etc.

3. Mailing Address

**5334 WINHAWK WAY**

Suite, Apt. #, etc.

City & State

**LUTZ, FL**

City & State

**LUTZ, FL**

Zip

**33549**

Country

Zip

**33549**

Country

4. FEI Number

**59-3108891**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEFORNO, WENDY**  
**5135 NASHVILLE DR**  
**TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name

**DEFORNO, WENDY**

Street Address (P.O. Box Number is Not Acceptable)

**5334 WINHAWK WAY**

City

**LUTZ**

**FL**

Zip Code

**33549**

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

*Wendy L. DeForno* **Wendy L. DeForno President**

**3/3/01**

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, 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEFORNO, WENDY</b>	
STREET ADDRESS	<b>5135 NASHVILLE DR</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEFORNO, RONALD</b>	
STREET ADDRESS	<b>5135 NASHVILLE DR</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEFORNO, WENDY</b>	
STREET ADDRESS	<b>5334 WINHAWK WAY</b>	
CITY-ST-ZIP	<b>LUTZ, FL. 33549</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEFORNO, RONALD</b>	
STREET ADDRESS	<b>5334 WINHAWK WAY</b>	
CITY-ST-ZIP	<b>LUTZ, FL. 33549</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Wendy L. DeForno* **Wendy L. DeForno**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/01**

Date

**(813) 969-3537**

Daytime Phone #

CR2E034 (10/00)