2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State
01-29-2000 90026 036 ****61.25

DOCUMENT # 741555

1. Entity Name

NORTH PORT COMMUNITY EDUCATIONAL CENTER, INC.

Principal Place of Business	Mailing Address
4940 N. PAN AMERICAN BLVD. P.O. BOX 7113 NORTH PORT FL 34287 US	4940 N. PAN AMERICAN BLVD. P.O. BOX 7113 NORTH PORT FL 34287-0113 US

DO NOT WRITE IN THIS SPACE

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 59-1934386 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~DAVIS, CLARENCE~~
~~173 LAXY RIVER RD~~
~~NORTH PORT FL 34287~~

7. Name and Address of New Registered Agent

Name FRANK J. MC MILLIN

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

2751 S. CRANBERRY BLVD.

City NORTH PORT, FL Zip Code 34286

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 Frank J. Mc Millin (President) 1-25-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DAVIS, CLARENCE 173 LAZY RIVER RD NORTH PORT FL 34287	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRANK J. MCMILLIN 2751 S. CRANBERRY BLVD. NORTH PORT, FL. 34286	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCMILLIN, CATHERINE C 2751 CRANBERRY BL NORTH PORT FL 34286	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S-CYNTHIA ARTHUR WONG 4898 ESCALANTE DRIVE NORTH PORT, FL. 34287	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HUGHES, A. B. 4361 MONGITE RD. NORTH PORT FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS GINGER ULRICH 1956 DENALI STREET NORTH PORT, FL. 34287	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALANOWSKI, JOSEPH 4492 BLITZEN TERR NORTH PORT FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUILDING MAINTENANCE WILLIAM SCARBROUGH 2247 CRANBERRY BLVD SOUTH NORTH PORT, FL. 34286	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUENIN, OLYMPIA 4361 MONGITE ROAD NORTH PORT FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARY JANE PETERSEN (VOLUNTEERS) 6343 SAFFORD TERRACE NORTH PORT, FL. 34287	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BINGHAM, CATHERINE 6774 STARDUST NE. NORTH PORT FL 34287	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RENTAL AGENT CATHERINE MCMILLIN 2751 S. CRANBERRY BLVD. NORTH PORT, FL. 34286	☒ Change ☐ 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank J. Mc Millin FRANK J. MCMILLIN 1-25-00 (941) 423-0361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #