3/7

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
03-07-2002 90053 045 ****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 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	7. Name and Address of New Registered Agent
DAVIS, CLARENCE E 173 LAZY RIVER ROAD NORTH PORT FL 34287	Name: Davis, Clarence Street Address (P.O. Box Number is Not Acceptable): 173 Lazy River Road City: North Port, FL Zip Code: 34287

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

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 MCMILLIN, FRANK J 2751 S CRANBERRY BLVD NORTH PORT FL 34287 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Davis, Clarence E. 173 Lazy River Road North Port, FL 34287 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WONG, CYNTHIA A 4898 ESCALANTE DRIVE NORTH PORT FL 34287 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Miller, Charles 7141 Mesa Court North Port, FL 34287 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ULRICH, GINGER 1956 DENALI STREET NORTH PORT FL ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Ulrich, Ginger 1956 Denali, St. North Port, FL 34287 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCARBROUGH, WILLIAM 2248 CRANBERRY BLVD SOUTH NORTH PORT FL ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mary Jane Peterson 6343 Safford Terrace North Port, FL 34287 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETERSON, MARYJANE 6343 SAFFORD TERRACE NORTH PORT FL ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bess Knope 3273 Biscayne Drive S North Port, FL 34287 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RAD MCMILLIN, CATHERINE 2751 S CRANBERRY BLVD NORTH PORT FL 34287 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hazel Barnett 6142 Freemont Street North Port, FL 34287 ☑ Change ☐ Addition

CR2E037 (9/01)

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: Clarence E. Davis CLARENCE E. DAVIS 2-11-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #