

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27181

1. Entity Name

LIGHTHOUSE LEARNING CENTER, INC.

Principal Place of Business

Mailing Address

550 KINGSLEY AVENUE
ORANGE PARK FL 32073
US

550 KINGSLEY AVENUE
ORANGE PARK FL 32073
US

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 59-2901911

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

HARVEY, MARY T
550 KINGSLEY AVENUE
ORANGE PARK FL 32073

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BODENWEBER, CAHTY 293 CROOKEDRIDGE CT ORANGE PARK FL 32065	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRICK, ZAN 2245 HOLLY LEAF LANE ORANGE PARK FL 32073	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSTON, TRACEY 216 WINDWOOD LANE ORANGE PARK FL 32073	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARVEY, TERRY 2665 EAGLE BAY DR ORANGE PARK FL 32073	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Mary T. Harvey (Mary T. Harvey)

4/29/01 904-264-2317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90074 012 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)