

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 37077

1. Entity Name

Three H Learning Center INC

APPROVED
AND
FILED

01 JUL 16 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

36546 Thornhaven LN
Dade city FL 33523

2. Principal Place of Business

3. Mailing Address

As Above

As Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0193322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Bartolome Colom

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

36424 Florrie Mae LN

City

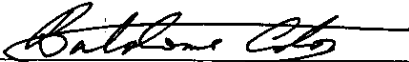
Dade city

FL

Zip Code
33523

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



Bartolome Colom

7/16/01

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 President
NAME Bartolome Colom
STREET ADDRESS 36424 FLORRIE MAE LN
CITY-ST-ZIP Dade city FL 33523 ☐ Delete

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

TITLE Director
NAME Elionor Seigny
STREET ADDRESS 115 S.W. 5th Ave
CITY-ST-ZIP OKee chobee FL 34974 ☒ Delete

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

TITLE Director
NAME Rosa colom
STREET ADDRESS 36424 Florrie Mae LN
CITY-ST-ZIP Dade city FL 33523 ☐ Delete

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

TITLE Director
NAME Edith Langstrom
STREET ADDRESS 1803 W. Warren St
CITY-ST-ZIP Plant City FL 33566 ☐ Delete

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

TITLE Director
NAME Rep. Mike Fasano
STREET ADDRESS 8217 Massachusetts Ave
CITY-ST-ZIP Newport Richey FL 33465 ☒ Delete

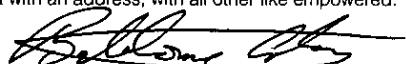
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Director
NAME Norma Sawyer
STREET ADDRESS 325 Julia St
CITY-ST-ZIP Key west FL 33040 ☐ Delete

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/01 (352) 523-2078

Date

Daytime Phone #

CR2E037 (11/00)