2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State
02-12-2002 90086 001 ***552.50

DOCUMENT # N37077

1. Entity Name

THREE - H LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
36546 THORNHAVEN LANE DADE CITY FL 33523 US	36546 THORNHAVEN LANE DADE CITY FL 33523 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 65-0193322 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required (15)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLOM, BARTOLOME 36424 FLORRIE MAE LANE DADE CITY FL 33523	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLOM, BARTOLOME 36424 FLORRIE MAE LANE DADE CITY FL 33523	☐ Delete	D A PAULA, ROSA 15873 SW 150 TERRACE MIAMI FL 33196	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLOM, ROSA 36424 FLORRIE MAE LANE DADE CITY FL 33523	☐ Delete	D PAULA, JUAN 15873 SW 150 TERRACE MIAMI FL 33196	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANGSTROM, EDITH 1803 W. WARREN ST. PLANT CITY FL 33566	☒ Delete	D ESPARZA, LOURDES 36432 FLORRIE MAE LANE DADE CITY FL 33523	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAWYER, NORMA 325 JULIA ST. KEY WEST FL 33040	☒ Delete	VP SAWYER, NORMA 325 JULIA ST. KEY WEST FL 33040	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORTON, AIDA 17320 LINDA VISTA CIRCLE LUTZ FL 33549	☐ Delete ADD	S NORTON, BRENDAN 17320 LINDA VISTA CIRCLE LUTZ FL 33549	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLOM, MYRNA 36424 FLORRIE MAE LANE DADE CITY FL 33523	☐ Delete ADD	T COLOM, BARTOLOME JR 1000 CUT OFF BRANCH OVIEDO FL 32765	☐ 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: SUSAN BLACKMON (CAM MGMT) 1/22/02 352-523-2078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/01)

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Attachment 12824
Page 2

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Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DR. LYLE KOCHINSKI 745 "F" ROAD (EVERGLADES WILDLIFE REFUGE) LA BELLE FL 33935 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (11/00)

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SIGNATURE: 1/22/02

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