2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003216

1. Entity Name

COMPUTERAGE LEARNING CENTER, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90305 002 ****70.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O DIANNE GORBACH 8852-C MARGE CT BOYNTON BEACH FL 33436 US	C/O DIANNE GORBACH 8852-C MARGE CT BOYNTON BEACH FL 33436-2488 US

2. Principal Place of Business	3. Mailing Address
14625 Smith Sundy Rd	
Suite, Apt. #, etc.: Horses N Heroes of South Florida	Suite, Apt. #, etc.:
City & State: Delray Beach, FL	City & State:
Zip: 33484 Country: USA	Zip: Country:

4. FEI Number 31-1548627 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORBACH, DIANNE
8852-C MARGE CT
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GORBACH, DIANNE		NAME	
STREET ADDRESS	8852-C MARGE CT		STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NOLAN, MINDY		NAME	
STREET ADDRESS	3770-C VILLAGE DR		STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445		CITY-ST-ZIP	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WINN, JOYCE		NAME	
STREET ADDRESS	5188 OAKHILL LN #1111		STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E037 (9/99)

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: Dianne Gorbach (signature) Dianne Gorbach 4/27/00 561-738-8037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #