

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90191 010 \*\*\*150.00

DOCUMENT # P00000009798

1. Entity Name  
**MAGISTER, INC.**



Principal Place of Business  
**3620 NW 43RD STREET  
SUITE C  
GAINESVILLE FL 32606**

Mailing Address  
**3620 NW 43RD STREET  
SUITE C  
GAINESVILLE FL 32606**



2. Principal Place of Business

**Magister Inc., d.b.a.**

3. Mailing Address

**Magister Inc., d.b.a.**

Change of Mind Learning

Change of Mind Learning

4024 N.W. 14th Street  
Gainesville, FL 32605

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Gainesville, FL 32605

www.changeofmind.biz

www.changeofmind.biz

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3622693**

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

**TERRY, ERNEST R JR.**

~~719 S.R. 26~~

~~MELROSE FL 32666~~

Name

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

**4024 NW 14th Street**

**Gainesville**

City

**FL**

Zip Code  
**32605**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	TERRY, LUCINDA W	<del>719 S.R. 26</del>	<del>MELROSE FL 32666</del>	<input type="checkbox"/>
VSTD	TERRY, ERNEST R JR.	<del>719 S.R. 26</del>	<del>MELROSE FL 32666</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Magister Inc., d.b.a.	Change of Mind Learning	4024 N.W. 14th Street	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Gainesville, FL 32605	www.changeofmind.biz		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Both Business & Home Moved to		<input type="checkbox"/>	<input type="checkbox"/>
		new location (Same location)		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

352-335-6699

Date

Daytime Phone #

CR2E034 (10/02)