2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90311 041 ***158.75

DOCUMENT # P00000025564

1. Entity Name
STARCHILD ACADEMY FRANCHISE CORPORATION

Principal Place of Business	Mailing Address
727 BEAR CREEK CIRCLE WINTER SPRINGS FL 32708	727 BEAR CREEK CIRCLE WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1550 N. WEKIWA SPRINGS ROAD		1550 N. WEKIWA SPRINGS ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: APOPKA, FL		City & State: APOPKA, FL	
Zip: 32712	Country: USA	Zip: 32712	Country: USA

4. FEI Number: 59-3628785 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZIMMERMAN, PETER W
727 BEAR CREEK CIRCLE
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name: PLEASE SPELL "ZIMMERMANN" WITH TWO N'S AT THE END
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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZIMMERMAN, CINDY T 727 BEAR CREEK CIRCLE WINTER SPRINGS FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PLEASE SPELL "ZIMMERMANN" WITH TWO N'S AT THE END	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ZIMMERMAN, PETER W 727 BEAR CREEK CIRCLE WINTER SPRINGS FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD PLEASE SPELL "ZIMMERMANN" WITH TWO N'S AT THE END	☑ 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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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PETER W. ZIMMERMANN 4/18/01 407-880-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)