

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001549

1. Entity Name

ADAMS EDUCATIONAL CENTER, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90081 023 ****61.25

Principal Place of Business

1800 W. WASHINGTON ST.
ORLANDO FL 32805

Mailing Address

1800 W. WASHINGTON ST.
ORLANDO FL 32805-1745

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2088637

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BROWN, CHERYL
327 HARBORPOINT BLVD
ORLANDO FL 32835

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/00

FILE NOW:
FEES 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 **D** ☐ Delete
NAME **ADAMS, FRED**
STREET ADDRESS **906 FLORIBUNDA DR.**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☒ Change ☐ Addition
NAME **9066 Floribunda Dr.**
STREET ADDRESS **Orlando, FL 32818**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JACKSON, MARILYN**
STREET ADDRESS **349 HAMMOCK TRL.**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

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

TITLE **DS** ☐ Delete
NAME **ROBINSON, BARBARA**
STREET ADDRESS **4100 RALEIGH ST. 9102 Floribunda Dr.**
CITY-ST-ZIP **ORLANDO FL 32811 32818**

TITLE ☒ Change ☐ Addition
NAME **9102 Floribunda Dr.**
STREET ADDRESS **Orlando, FL 32818**
CITY-ST-ZIP

TITLE **DVS** ☐ Delete
NAME **BROWN, CHERYL**
STREET ADDRESS **327 HARBOR POINT BLVD.**
CITY-ST-ZIP **ORLANDO FL 32835**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/00

CR2E037 (9/99)