

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-24-2002 90165 018 ****61.25

DOCUMENT # N96000001549

1. Entity Name

ADAMS EDUCATIONAL CENTER, INC.

Principal Place of Business

Mailing Address

1800 W. WASHINGTON ST.
ORLANDO FL 328051800 W. WASHINGTON ST.
ORLANDO FL 32805

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

59-3462744

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

BROWN, CHERYL
327 HARBORPOINT BLVD
ORLANDO FL 32835

Name

Rutha M. Adams

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

110 S. Ortman Dr.**Orlando, FL. 32805**

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

*Rutha M. Adams***1-11-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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. PREVIOUS CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, FRED	
STREET ADDRESS	9066 FLORIBUNDA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	

TITLE	Rutha M. ADAMS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	110 S. ORTMAN Dr.	
STREET ADDRESS	Orlando, FL 32805	
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, MARILYN	
STREET ADDRESS	349 HAMMOCK TRL	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Delete
NAME	ROBINSON, BARBARA	
STREET ADDRESS	9102 FLORIBUNDA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVS	<input type="checkbox"/> Delete
NAME	BROWN, CHERYL	
STREET ADDRESS	327 HARBOR POINT BLVD.	
CITY-ST-ZIP	ORLANDO FL 32835	

TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Cheryl	
STREET ADDRESS	327 Harbor Point Blvd.	
CITY-ST-ZIP	Orlando, FL. 32835	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rutha M. Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-02 407 425-8949

CR2E037 (9/01)