

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2001 8:00 am**
Secretary of State

02-01-2001 90073 050 ***150.00

DOCUMENT # 539717

1. Entity Name

EDISON-RUSSELL CENTER FOR LEARNING, INC.

Principal Place of Business

**10350 RIVERSIDE DRIVE
PALM BEACH GARDENS FL 33410**

Mailing Address

**10350 RIVERSIDE DRIVE
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

8749 Wakefield Drive

3. Mailing Address

8749 Wakefield Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Palm Beach Gardens, FLCity & State
Palm Beach Gardens, FL4. FEI Number **59-1755662**

Applied For

Not Applicable

Zip
33410Country
USAZip
33410Country
USA5. 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

**BALLAGH, ROBERT M.
10350 RIVERSIDE DRIVE
PALM BEACH GARDENS FL 33410**

new address →

Name

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

8749 Wakefield DriveCity
Palm Beach Gardens

FL

Zip Code
33410

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD BALLAGH, ROBERT M. 8749 WAKEFIELD DRIVE PALM BCH GRDS.FL			
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/2001 (561) 626-8743

CR2E034 (10/00)