

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724812

1. Entity Name

HARMONY EDUCATION CENTER, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90138 018 ****61.25

Principal Place of Business

Mailing Address

% 111 N. ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

% 111 N. ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1448961

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

RAFT, CAROLE
7036 NANDINA LANE
TAMARAC FL 33321

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE 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 ☐ Delete

P
NAME BESSEMER, HENRIETTA C
STREET ADDRESS 240 HARMONY HILL LANE
CITY-ST-ZIP WAYNESVILLE NC

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

V
NAME HOGAN, EVELYN
STREET ADDRESS 240 HARMONY HILL LANE
CITY-ST-ZIP WAYNESVILLE NC

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

SD
NAME HUBAL, GLEN
STREET ADDRESS 158 HARMONY HILL LANE
CITY-ST-ZIP WAYNESVILLE NC

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TD
NAME SANTANGELO, ANTONY
STREET ADDRESS 240 HARMONY HILL LANE
CITY-ST-ZIP WAYNESVILLE NC

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

D
NAME WALTON, B J
STREET ADDRESS 161 HOWELL ROAD
CITY-ST-ZIP WAYNESVILLE NC

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

D
NAME RAFT, CAROL
STREET ADDRESS 7036 NANDINA LANE
CITY-ST-ZIP TAMARAC FL

TITLE ☐ Change ☐ Addition

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: H.C. BESSEMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-2000 818-452-1056

CR2E037 (9/99)