

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 724812

FILED
Apr 25, 2002 8:00 AM
Secretary of State

Entity Name: HARMONY EDUCATION CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1448961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAFT, CAROLE
7036 NANDINA LANE
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BESSEMER, HENRIETTA C
Address: 240 HARMONY HILL LANE
City-St-Zip: WAYNESVILLE, NC

Title: V () Delete
Name: HOGAN, EVELYN
Address: 240 HARMONY HILL LANE
City-St-Zip: WAYNESVILLE, NC

Title: SD () Delete
Name: HUBAL, GLEN
Address: 158 HARMONY HILL LANE
City-St-Zip: WAYNESVILLE, NC

Title: TD () Delete
Name: SANTANGELO, ANTONY
Address: 240 HARMONY HILL LANE
City-St-Zip: WAYNESVILLE, NC

Title: D () Delete
Name: GIERMEK, DIANE P
Address: 158 HARMONY HILL LANE
City-St-Zip: WAYNESVILLE, NC

Title: D () Delete
Name: RAFT, CAROL
Address: 7036 NANDINA LANE
City-St-Zip: TAMARAC, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRIETTA C. BESSEMER

P

04/25/2002

Electronic Signature of Signing Officer or Director

_____ Date