

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 735849**

1. Entry Name

THE TROYWOOD LEARNING ENVIRONMENT, INC.

Principal Place of Business

Mailing Address

1880 PRAIRIE RD.
W. PALM BEACH FL 334081880 PRAIRIE RD.
W. PALM BEACH FL 33408-8744

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

50-1058217

Applied For

Not Applicable

5. Certificate of Status Desired

☒SS.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROVES, KENNETH L.
7201 SOUTHERN BLVD., C-2
W. PALM BEACH FL 33413

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 re-registering)

DATE

FILE NOW:
FEB 15-20019. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeeMake Check Payable to
Department of State

10.

OFFICERS AND DIRECTORS

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature has 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 (s) empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/17/00 561-683-7046

SIGNATURE AND TITLE OF PERSONS OTHER THAN REGISTERED AGENT OR DIRECTOR

Certify Page 1

FILED
May 31, 2000 8:00 am
Secretary of State

04-26-2000 90520 001 *1,595.00

304794

DO NOT WRITE IN THIS SPACE

CROSSING 10/20/00