☐ Change

Addition

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2001 8:00 am -Secretary of State **DOCUMENT # 735849** 1. Entity Name THE TROYWOOD LEARNING ENVIRONMENT, INC. 04-05-2001 90287 001 *1.181.25 Principal Place of Business Mailing Address 1956 PRAIRIE RD: 1950 PRAIRIE RD. W_PALM BEACH FL 33406 W. PALM BEACH FL 33406 3. Mailing Address -2. Principal Place of Business 7231 DON 174624 1231 DOUTHGAN Suite Apt. #_etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1669217 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GROVES, KENNETH L. 7231 SOUTHERN BLVD., C-2 W. PALM BEACH FL 33413 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition PTD TITLE ☐ Delete TITLE 7231 SOUTHERN BLUD. WEST PARM BEACH, E. 33413 NAME NAME GROVES, KENNETH STREET ADDRESS 1950 PRAIRIE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ Addition ☐ Delete TITLE TITLE SHALLONAY, K.D. NAME NAME STREET ADDRESS STREET ADDRESS 1201 BELVEDERE RD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE ----☐ Change ☐ Addition Delete TITLE PARK, KEITH H NAME NAME STREET ADDRESS STREET ADDRESS 1950 PRARIE ROAD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33406 Change TITLE Addition ☐ Delete TITLE DOWNING RAY O NAME NAME 1950 PEANION RM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP West-Palm Beach FL 33406 TITLE Change ☐ Addition ☐ Delete TITLE CONNINGHAM, DENRO-M NAME NAME

WEST PAM BEACH 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.

CITY-ST-ZIP

STREET ADDRESS

Summen J. Uneves

7231 SOUTHERN

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

1450 PRARIE BM

WEST PALM BEACH

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE