

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748871

1. Entity Name

CENTRAL FLORIDA LIFE EDUCATION CORPORATION

Principal Place of Business

2318 WINTER WOODS BLVD  
STE D  
WINTER PARK FL 32792  
US

Mailing Address

P. O. BOX 940254  
MAITLAND FL 32794-0254  
US

2. Principal Place of Business

285 Lake Seminary Circle

3. Mailing Address

Suite, Apt. #, etc.

City & State

Maitland, FL

City & State

4. FEI Number

59-1935501

Applied For

Not Applicable

Zip

Country

32751

Seminole

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

ROOKS, MARYIN E.  
390 N ORANGE AVE  
SUITE 800  
ORLANDO FL 32802

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  
NAME D  
STREET ADDRESS HARDMAN, MYRNA  
CITY-ST-ZIP 5029 WATERVISTA DR  
ORLANDO FL 32821

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ROUTSON, CAROLINE  
CITY-ST-ZIP 285 LAKE SEMINARY CIRCLE  
MAITLAND FL 32751

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ROOKS, LINDA  
CITY-ST-ZIP 2130 CHINOOK TRAIL  
MAITLAND FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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)(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:

CAROLINE ROUTSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 08, 2000 8:00 am  
Secretary of State

03-08-2000 90019 034 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)