2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
03-21-2001 90056 039 ****61.25

DOCUMENT # 748871

1. Entity Name

CENTRAL FLORIDA LIFE EDUCATION CORPORATION

Principal Place of Business	Mailing Address
285 LAKE SEMINARY CIRCLE MAITLAND FL 32751 US	P. O. BOX 940254 MAITLAND FL 32794-0254 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2502 Oak Island Pt. Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL 32809	City & State
Zip: 32809 Country: Orange	Zip Country

4. FEI Number: 59-1935501 ☐ Applied For ☐ Not Applicable

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 P.O. Box 241 Winter Park, FL 32790-0241	Name Street Address (P.O. Box Number is Not Acceptable): 2130 CHINOOK TRAIL MAITLAND City FL Zip Code 32751

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARDMAN, MYRNA 5029 WATERVISTA DR ORLANDO FL 32821	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROUTSON, CAROLINE ~~285 LAKE SEMINARY CIRCLE~~ ~~MAITLAND FL 32751~~	☐ Delete	TITLE / NAME Routson 106 Pinetree Ln. Altamonte Springs, FL 32714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROOKS, LINDA 2130 CHINOOK TRAIL MAITLAND FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Melissa McGee 2502 Oak Island Pt. Rd ~~Orlando, FL 32809~~	☐ Delete		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: Myrna Hardman DIRECTOR 3-14-01 407-898-5751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #