## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

758267

(9)

UNIVERSE LEARNING CENTERS, INC.

Principal Place of Business	Mailing Address	
400 W MAIN ST LEESBURG FL 34748-5180 US	400 W MAIN ST LEESBURG FL 34748-5123 US	
••	•	3. Date Incorporated or Qualified 11/02/1981

FILED								
Apr 28 1997 8	8:00am							
Secretary of	State							

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UQ.				0.	•						3. Date Incorporated or Qualified 11/02/1981	3a. Da	le of Last F 05/01/19	Report 006	
2. Principal P	lace of Busin	2890		1 20	Mailing Add	000					4. FEI Number	1			
21	1800 01 00311	1000		26	mailing Add	633				ļ	59-2142480			pplied For ot Applicable	
Sulte, Apt.	#, etc.			-01	Suite, Apt. #	etc.								Additional	
22				27							5. Certificate of Status Desired			equired	
City & State	е				City & State			_			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	\$5.00	May Be	
23				28							Trust Fund Contribution			to Fees	
Zip	ļ	_	Country	<u></u>	Zip	- [	Cour	ıtry			8. This corporation has liability for i			s. 199.032,	
24		25		29	A	30					Florida Statutes Yes No				
	9. Name	ana	Address of Current I	tegis	rerec Agent			B1	Name		10. Name and Address of New Re	gistered A	gent		
						ľ	of Name								
HEWELL, JOYCE S.						[	82 Street Address (P.O. Box Number is Not Acceptable)								
	MAIN ST	740					H	83	2						
LEESBURG FL 34748					-										
								B4	City			Fi	85 Zip	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered								its registered							
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.															
•	iii iga iitiigi w	ini, a	ind accept the obligation	JI 15 U	ii, section o i	.0303, 110	nua statt	1188						1	
SIGNATURE	Signature, typed	or pri	nted name of registered agent	and title	if applicable.	(NOTE	Registered	Ager	nt signature r	equired	when reinstaling)	DATE			
12.			OFFICERS AND	DIREC			13.	_			ADDITIONS/CHANGES 10 OFFIC	ERS AND		RS IN 12	
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14. I do 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 arrhual report or supplemental angular apport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am af officer or director of the corporation or the receiver truster empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an alternative with an address.															