

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 765878**

1. Entity Name

LIFE EDUCATION CENTER, INC.

Principal Place of Business

**6200 JOHN HORAN TERR
PARISH HALL
TAMARAC FL 33321
US**

Mailing Address

**P O BOX 70404
FT. LAUDERDALE FL 33307
US**

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

59-2496533

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOREHEAD, FLORENCE
263 N. TRADEWINDS AVE.
LAUDERDALE BY THE SEA FL FL 33308**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOREHEAD, E	
STREET ADDRESS	263 N TRAEWINDS AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	CASSIDY, CLAIRE	
STREET ADDRESS	2157 BATON ROUGE	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	TSD	<input type="checkbox"/> Delete
NAME	FADGEN, JERRY	
STREET ADDRESS	19 E ACRE DRIVE	
CITY-ST-ZIP	PLANTATION FL 33317	

TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, DOROTHY J	
STREET ADDRESS	1668 NE 34TH LANE	
CITY-ST-ZIP	OAKLAND PARK FL 33334	

TITLE	D	<input type="checkbox"/> Delete
NAME	MOREHEAD, FLORENCE	
STREET ADDRESS	263 N. TRADEWINDS AVE	
CITY-ST-ZIP	LAUD. BY THE SEA FL 33308	

TITLE	D	<input type="checkbox"/> Delete
NAME	VAN METER, LARUE	
STREET ADDRESS	1001 NE 2ND STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90465 027 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

0045559