

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006390

1. Entity Name

EFEKTA SCHOOLS, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90105 017 \*\*\*550.00

Principal Place of Business

Mailing Address

EF CENTER BOSTON  
ONE EDUCATION ST  
CAMBRIDGE MA 02141-1883  
US

EF CENTER BOSTON  
ONE EDUCATION ST  
CAMBRIDGE MA 02141-1805  
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 04-3337221

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 *METTERIA NY 05/01*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HULT, PHILIP  
CITY-ST-ZIP %GUN DENHART, 5565 SW HEWETT BLVD  
PORTLAND OR 97221

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS HULT, LISBETH  
CITY-ST-ZIP BJORKEBERGAVAGEN 7  
18263 DJURSHOLM, SWEDEN

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS NILSSON, BERIT  
CITY-ST-ZIP KRAGENASVAGEN 12  
S-18165 LIDINGO, SWEDEN

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS APPELQUIST, JENS  
CITY-ST-ZIP %EF COLLEGES, HALDENSTRASSE 4  
6006 LUZERN, SWITZERLAND

TITLE ☒ Change ☐ Addition  
NAME T  
STREET ADDRESS Appelkvist, Jens  
CITY-ST-ZIP 50 Sevland Rd  
Newton, MA 02459

TITLE ☐ Delete  
NAME P  
STREET ADDRESS DOYLE, MARTHA  
CITY-ST-ZIP 60 BRATTLE ST  
CAMBRIDGE MA 02138

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS Doyle, Martha  
CITY-ST-ZIP 31 Whittemore Rd  
Newton, MA 02158

TITLE ☒ Delete  
NAME TS  
STREET ADDRESS DAHLFORS, JARL  
CITY-ST-ZIP 140 BENJENUE ST  
WELLESLEY MA 02181

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS Rosa Gyllenhaal  
CITY-ST-ZIP 74 Linden St.  
Needham, MA 02492

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosa Gyllenhaal* Rosa Gyllenhaal  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/00  
Date

617 619-1077  
Daytime Phone #

CR2E034 (9/99)