

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H20195

1. Entity Name

WIDER HORIZONS SCHOOL INC.

Principal Place of Business

4060 CASTLE AVE  
SPRING HILL FL 34609

Mailing Address

13505 SIMMONS LAKE RD  
BROOKSVILLE FL 34601-4425

2. Principal Place of Business

3. Mailing Address

4060 Castle Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Spring Hill, Florida

Zip

Country

Zip

Country

346099

U.S.A.

4. FEI Number

59-2328051

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

MAGLIO, DOMENICK J.  
13505 SIMMONS LAKE RD  
BROOKSVILLE FL 33512

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

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, 2001 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 PD  
NAME MAGLIO, DOMENICK J.  
STREET ADDRESS 13505 SIMMONS LAKE RD  
CITY-ST-ZIP BROOKSVILLE FL ☐ Delete

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

TITLE VTD  
NAME MAGLIO, JULIE T.  
STREET ADDRESS 13505 SIMMONS LAKE RD  
CITY-ST-ZIP BROOKSVILLE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 an other like empowered.

SIGNATURE:

*Domenick J. Maglio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Domenick J. Maglio, Ph.D.

3-07-01

Daytime Phone #

Director



DO NOT WRITE IN THIS SPACE

0420512

CR2E034 (10/00)