2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H79420

1. Entity Name

CORAL SPRINGS EDUCATIONAL CENTERS INC.

Principal Place of Business	Mailing Address
3901 CORAL SPRINGS DRIVE CORAL SPRINGS FL 33065 US	3901 CORAL SPRINGS DRIVE CORAL SPRINGS FL 33065-2392 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 5700 Horizons Lane
Suite, Apt. #, etc.

3. Mailing Address: 5700 Horizons Lane
Suite, Apt. #, etc.

City & State: Margate, FL
Zip: 33063   Country: USA

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4. FEI Number: 59-2609073

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ✔ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLNEK, ALAN
7540 SOUTHGATE BOULEVRD
NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name: Alan Wolnek
Street Address (P.O. Box Number is Not Acceptable): 5700 Horizons Lane
City: Margate   FL   Zip Code: 33063

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 _____   Alan Wolnek   4/24/00
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	DP	☐ Delete	TITLE	DP	☑ Change	☐ Addition
NAME	WOLNEK, ALAN		NAME	Alan Wolnek		
STREET ADDRESS	3901 CORAL SPRINGS DRIVE		STREET ADDRESS	5700 Horizons Lane		
CITY-ST-ZIP	CORAL SPRINGS FL		CITY-ST-ZIP	Margate, FL. 33063		
TITLE	S	☐ Delete	TITLE	S	☑ Change	☐ Addition
NAME	CUTLER, ANN		NAME	Ann Cutler		
STREET ADDRESS	9833 RIVERSIDE DRIVE		STREET ADDRESS	5700 Horizons Lane		
CITY-ST-ZIP	CORAL SPRINGS FL		CITY-ST-ZIP	Margate, FL. 33063		
TITLE		☐ Delete	TITLE	T	☐ Change	☑ Addition
NAME			NAME	Allan Cohn		
STREET ADDRESS			STREET ADDRESS	5700 Horizons Lane		
CITY-ST-ZIP			CITY-ST-ZIP	Margate, FL. 33063		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (9/99)

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: _____   4/24/00   (954) 970-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #