

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90033 047 ***550.00

DOCUMENT # H81638

1. Entity Name
BREVARD LEARNING CLINIC, INC.

Principal Place of Business
~~700 S. BABCOCK ST., SUITE 400~~
~~% PATRICK F. HEALY, PO BOX 2523~~
~~MELBOURNE FL 32901-1152~~

Mailing Address
1499 S. Harbor City Blvd
~~700 S. BABCOCK ST., SUITE 400~~
~~% PATRICK F. HEALY, PO BOX 2523~~
~~MELBOURNE FL 32901-1152~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

4. FEI Number **59-2611041**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HEALY, PATRICK F.
~~700 S. BABCOCK ST., SUITE 400~~
~~MELBOURNE FL 32902-9523~~

1499 S. Harbor City Blvd
Melb. FL 32901

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 _____ (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.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PT	<input type="checkbox"/> Delete
NAME JEFFERS, BARBARA C.	
STREET ADDRESS 353 DAYTON BLVD.	
CITY-ST-ZIP MELBOURNE VILLAGE FL	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME JEFFERS, JOHN H.	
STREET ADDRESS 353 DAYTON BLVD.	
CITY-ST-ZIP MELBOURNE VILLAGE FL	
TITLE VP	<input type="checkbox"/> Delete
NAME JEFFERS, DAVID	
STREET ADDRESS PO 98	
CITY-ST-ZIP OSISSEE NH	
TITLE VP	<input type="checkbox"/> Delete
NAME JEFFERS, JEN	
STREET ADDRESS 603A S. MATANGAS	
CITY-ST-ZIP TAMPA FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 80 Academy	
CITY-ST-ZIP Wolfeboro NH 03894	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 630 Superior	
CITY-ST-ZIP Tampa FL 33606	
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	

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: Patrick F. Healy Date: 8/21/00 Daytime Phone #: 321-676-3024

Attachment Duct# ~~111~~ H81638
A0074253

I thought I'd sent
this back in April.
Do you have no
record of it?

D Jagers