

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91170 014 \*\*\*150.00

013891 AV

**DOCUMENT # H81638**  
 1. Entity Name  
**BREVARD LEARNING CLINIC, INC.**

Principal Place of Business <b>1900 S HARBOR CITY BLVD                  #231                  MELBOURNE FL 32901</b>	Mailing Address <b>1900 S HARBOR CITY BLVD                  #231                  MELBOURNE FL 32901</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>59-2611041</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
<table border="1"> <tr> <th>6. Name and Address of Current Registered Agent</th> <th>7. Name and Address of New Registered Agent</th> </tr> <tr> <td rowspan="4"> <b>HEALY, PATRICK F.                      1499 S HARBOR CITY BLVD                      MELBOURNE FL 32901</b> </td> <td>Name</td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>City</td> </tr> <tr> <td>State <b>FL</b> Zip Code</td> </tr> </table>	6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	<b>HEALY, PATRICK F.                      1499 S HARBOR CITY BLVD                      MELBOURNE FL 32901</b>	Name	Street Address (P.O. Box Number is Not Acceptable)	City	State <b>FL</b> Zip Code
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent						
<b>HEALY, PATRICK F.                      1499 S HARBOR CITY BLVD                      MELBOURNE FL 32901</b>	Name						
	Street Address (P.O. Box Number is Not Acceptable)						
	City						
	State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2002 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JEFFERS, BARBARA C. 353 DAYTON BLVD. MELBOURNE VILLAGE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEFFERS, DAVID 80 ACADEMY WOLFEBORO NH 03894 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEFFERS, JEN. 630 SUPERIOR TAMPA FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Barbara C. Jeffers* **Barbara C. Jeffers** **4/1/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)