

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

0005573

**DOCUMENT # L00000008654**

1. Entity Name

**VISTA EDUCATION SERVICES LLC**

01-22-2002 90018 031 \*\*\*\*50.00

Principal Place of Business

**1500 UNIVERSITY DR., STE. 115  
CORAL SPRINGS FL 33071**

Mailing Address

**1500 UNIVERSITY DR., STE. 115  
CORAL SPRINGS FL 33071****907870**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-1033954**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RYAN, THOMAS J  
10385 NW 69 MANOR  
PARKLAND FL 33076**

Name

Street Address (P.O. Box Number is Not Acceptable)

**10415 NW 69 MANOR.**

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	VP	<input type="checkbox"/> Delete
NAME	RYAN, THOMAS J	
STREET ADDRESS	10385 NW 69 MANOR	
CITY-ST-ZIP	PARKLAND FL 33076	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	RYAN, SHERRY M	
STREET ADDRESS	10385 NW 69 AVE.	
CITY-ST-ZIP	PARKLAND FL 33076	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)