


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0006108

DOCUMENT # L00000016198

1. Entity Name
SUNGATE EDUCATION, LLC



FILED
2003 APR 21 PM 4:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

~~3200 UNIVERSITY BLVD., SUITE 210~~ ~~3200 UNIVERSITY BLVD., SUITE 210~~
~~WINTER PARK FL 32792~~ ~~WINTER PARK FL 32792~~



2. Principal Place of Business Mailing Address

3300 University Blvd **3300 University Blvd**
Suite 218 **Suite 218**
Winter Park, FL **Winter Park, FL**

CHECK HERE IF MAKING CHANGES

City & State Zip Country City & State Zip Country

Winter Park, FL 32792 USA **Winter Park, FL 32792 USA**

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~HADDOCK, EDWARD E JR.~~
~~3200 UNIVERSITY BLVD., SUITE 210~~
~~WINTER PARK FL 32792~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3300 University Blvd.
Suite 218
Winter Park FL 32792

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Edward E. Haddock* DATE **4/10/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

900016379269
04721703--01035--041 **55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HADDOCK, EDWARD E JR. 3200 UNIVERSITY BLVD., SUITE 210 WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3300 University Blvd, Suite 218 Winter Park, FL 32792
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Edward E. Haddock* DATE: **4/10/03** DAYTIME PHONE #: **407-679-6171**

SIGNATURE REQUIRED

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

CR2E083 (10/02)