

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000026894

FILED  
May 08, 2003  
Secretary of State

Entity Name: ALLIANCE ACADEMIES OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

1470 MINNESOTA AVENUE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1470 MINNESOTA AVENUE  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HADDOCK PROFESSIONAL ASSOCIATION  
3300 UNIVERSITY BLVD.  
WINTER PARK, FL 32792    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      LYMAN, NIEVES A  
Address:                      1698 HIBISCUS AVENUE  
City-St-Zip:                      WINTER PARK, FL 32789

Title:                      MGRM                      ( ) Delete  
Name:                      LYMAN, DONALD E  
Address:                      1698 HIBISCUS AVENUE  
City-St-Zip:                      WINTER PARK, FL 32789

Title:                      MGRM                      ( ) Delete  
Name:                      LYMAN-RIVERA, JENNIFER  
Address:                      12 GOVERNOR'S KNOB  
City-St-Zip:                      CASSELBERRY, FL 32707

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NIEVES LYMAN

MGRM

05/08/2003

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date