

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90757 019 \*\*\*\*55.00

DOCUMENT # L02000033777

1. Entity Name

HEATHROW ACADEMY LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

902 Spring Valley Road  
Suite, Apt. #, etc.

3. Mailing Address

902 Spring Valley Road  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32714-6511

Country

USA

Zip

32714-6511

Country

USA

4. FEI Number

02-0670658

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

P. Bruce King, Sr.

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

902 Spring Valley Road

City

Altamonte Springs

FL

Zip Code

32714-6511

**DO NOT WRITE  
IN THIS SPACE**

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

P. Bruce King, Sr.

4-28-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President and Treasurer / MGRM  
Patrick Bruce King, Sr.  
902 Spring Valley Road  
Altamonte Springs, FL 32714-6511

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President and Secretary / MGRM  
Sheryl Glassford  
197 River Village Drive  
De Bary, FL 32713

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

Patrick Bruce King

4-28-03

407-786-1963

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

Date

Daytime Phone #

CR2E083B (12/02)