

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99569

1. Entity Name
MAYHUE'S LEARNING CENTER, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90014 027 ***150.00

Principal Place of Business

2035 W WASHINGTON ST
ORLANDO FL 32805
US

Mailing Address

2035 W WASHINGTON ST
ORLANDO FL 32805-1260
US

2. Principal Place of Business

2035 W. Washington St.
Suite, Apt. #, etc.

3. Mailing Address

2035 W. Washington St.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Orlando, Florida

Zip
32805

Country
Orange

City & State
Orlando, Fl.

Zip
32805

Country

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, MARTHA M
4205 ARBOR OAKS CT.
ORLANDO FL 32808

Name

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

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRAY, MARTHA M. 1850 SPARKLING WATER CIR OCOE FL 34761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRAY, MARTHA M 1850 SPARKLING WATER CIR OCOE FL 34761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRAY, MARTHA M 4205 ARBOR OAKS CT. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, TANMARA M 77 N DOBSON ST ORLANDO FL 32805	<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"/> Change <input type="checkbox"/> Addition
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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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

Date

(407) 872-0481

Daytime Phone #

CR2E034 (9/99)