

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000004034**

1. Entity Name

**HAWTHORNE LEARNING CENTER, INC.****FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90185 034 \*\*\*\*61.25

Principal Place of Business

**5228 SOUTHEAST US HWY 301 NORTH  
HAWTHORNE FL 32640**

Mailing Address

**POST OFFICE BOX 2409  
HAWTHORNE FL 32640-2409**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3653006**

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

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	KING, JACQUELINE P	
STREET ADDRESS	5228 SOUTHEAST US HWY 301 NORTH	
CITY-ST-ZIP	HAWTHORNE FL 32640	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKLIN, JAMES G	
STREET ADDRESS	5228 SOUTHEAST US HWY 301 NORTH	
CITY-ST-ZIP	HAWTHORNE FL 32640	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Franklin, Sr, James G.	
STREET ADDRESS	5228 Southeast US Hwy 301 North	
CITY-ST-ZIP	Hawthorne, FL 32640	

TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKLIN, BETTY R	
STREET ADDRESS	5228 SOUTHEAST US HWY 301 NORTH	
CITY-ST-ZIP	HAWTHORNE FL 32640	

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
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
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

**James G. Franklin, Sr.**

Date

Daytime Phone #

CR2E037 (10/00)