

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005387

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

Entity Name: VISION EDUCATIONAL LEARNING CENTER AND SCHOOL FOR THE PERFORMINGARTS INC.

**Current Principal Place of Business:**

5351 EDGEWATER DR.  
ORLANDO, FL 32810 US

**New Principal Place of Business:**

536 N. WESTMORELAND  
ORLANDO, FL 32805 US

**Current Mailing Address:**

5351 EDGEWATER DR.  
ORLANDO, FL 32810 US

**New Mailing Address:**

536 N. WESTMORELAND  
ORLANDO, FL 32805 US

FEI Number: 59-3671302

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COSSOM, DENISE M  
4928 PINE CLUSTER LANE  
ORLANDO, FL 32808 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROBERSON, EUGENE  
Address: 1788 FIRWOOD COURT  
City-St-Zip: ORLANDO, FL 32818

Title: TD ( ) Delete  
Name: FERNANDER, LAVERNE  
Address: 8942 SOUTH BREEZE DRIVE  
City-St-Zip: ORLANDO, FL 32836

Title: SD ( ) Delete  
Name: FULLER, LATARSHA  
Address: 4419 MARTINS WAY APT E  
City-St-Zip: ORLANDO, FL 32808

Title: BM (X) Delete  
Name: HARMON, PAUL  
Address: PMB 509, 7512 DR PHILLIPS BLVD  
City-St-Zip: ORLANDO, FL 32836

Title: BM ( ) Delete  
Name: COLLER, BRIAN  
Address: 3122 CALLOWAY STREET  
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete  
Name: COSSOM, DENISE  
Address: 4928 PINE CLUSTER LANE  
City-St-Zip: ORLANDO, FL 32808

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: YAP, HOOVER  
Address: 7130 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32805

Title: D (X) Change ( ) Addition  
Name: ARRINGTON, KYNTHIA  
Address: 4502 EVERS PLACE  
City-St-Zip: ORLANDO, FL 32811

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

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE COSSOM

D

04/29/2002

Electronic Signature of Signing Officer or Director

Date