

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