7/24/(

FILED
Aug 24, 2001 8:00 am
Secretary of State
07-24-2001 90003 031 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006389

1. Entity Name

SPIRIT EDUCATION AND RESEARCH CENTER OF ORLANDO.

Principal Place of Business	Mailing Address
9319 EAST COLONIAL DRIVE ORLANDO FL 32817	9319 EAST COLONIAL DRIVE ORLANDO FL 32817

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3671398 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent:

KELLY, JOHN J
687 CEDAR FOREST CIRCLE
ORLANDO FL 32828

7. Name and Address of New Registered Agent:

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
After September 12, 2001, min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY, JOHN J 687 CEDAR FOREST CIRCLE ORLANDO FL 32828	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY, A. MARGARET 687 CEDAR FOREST CIRCLE ORLANDO FL 32828	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VELEZ, EDNA 3513 MONICA PARKWAY SARASOTA FL 34235	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VELEZ, EDNA 3513 MONICA PARKWAY SARASOTA, FL 34235	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (5/01)

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] John J. Kelly 7-17-01 407-737-1912
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #