

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91558 033 ****61.25

DOCUMENT # NO1000003888

1. Entity Name

THE COMMUNITY LEARNING CENTER OF CITRUS COUNTY, INC.

Principal Place of Business

**136 N. FLORIDA AVE.
 INVERNESS FL 34453**

Mailing Address

**136 N. FLORIDA AVE.
 INVERNESS FL 34453**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1801

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Inverness, FL

Zip

Country

Zip

Country

34451

USA

4. FEI Number

59-3734647

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

**HENRY, JOSEPHINE
 136 N. FLORIDA AVE.
 INVERNESS FL 34453**

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 ☐ Delete
 NAME **D ALEXANDER, ELIZABETH D**
 STREET ADDRESS **136 N. FLORIDA AVE.**
 CITY-ST-ZIP **INVERNESS FL 34453**

TITLE ☒ Change ☐ Addition
 NAME **Alexander Elizabeth D.**
 STREET ADDRESS **P.O. Box 1801**
 CITY-ST-ZIP **Inverness, FL 34451**

TITLE ☐ Delete
 NAME **D ALEXANDER, WYNDELL SR**
 STREET ADDRESS **136 N. FLORIDA AVE.**
 CITY-ST-ZIP **INVERNESS FL 34453**

TITLE ☒ Change ☐ Addition
 NAME **Alexander, Wyndell Sr.**
 STREET ADDRESS **P.O. Box 1801**
 CITY-ST-ZIP **Inverness, FL 34451**

TITLE ☐ Delete
 NAME **D HENRY, JOSEPHINE**
 STREET ADDRESS **207 W. SHORT ST.**
 CITY-ST-ZIP **INVERNESS FL 34453**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D COBB, LELA**
 STREET ADDRESS **116 E. DAMPIER ST.**
 CITY-ST-ZIP **INVERNESS FL 34453**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Elizabeth D. Alexander 4/17/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)