

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004265

1. Entity Name

THE ENRICHMENT CENTER, INC. ✓

Principal Place of Business

Mailing Address

11375 CORTEZ BOULEVARD
SPRING HILL FL 34613

11375 CORTEZ BOULEVARD
SPRING HILL FL 34613

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

APPLIED FOR

☒ 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

HILL, CHARLES G
14345 MISSOURI SKYLARK ROAD
BROOKSVILLE FL

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

TITLE D
NAME HILL, CHUCK ☐ Delete
STREET ADDRESS 14345 MISSOURI SKYLARK ROAD
CITY-ST-ZIP BROOKSVILLE FL

TITLE D
NAME KNOTSON, DON ☒ Delete
STREET ADDRESS 3283 ABERYLS STREET
CITY-ST-ZIP SPRING HILL FL

TITLE D
NAME MORANA, NICK ☐ Delete
STREET ADDRESS 4257 DRUMMOND DRIVE
CITY-ST-ZIP SPRING HILL FL

TITLE D
NAME Braun, Dr. Richard ☐ Delete
STREET ADDRESS 2110 Arbuckle Rd.
CITY-ST-ZIP Spring Hill, FL 34608

TITLE D
NAME Kelland, Arthur ☐ Delete
STREET ADDRESS 6410 Lost Tree La.
CITY-ST-ZIP Spring Hill, FL 34606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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NAME
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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)(f), 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, without other like empowered.

SIGNATURE: *Nicholas J. Morana*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 597-6080

Date

Daytime Phone #

CR2E037 (9/01)

FILED
May 28, 2002 8:00 am
Secretary of State

04-22-2002 90332 014 ****61.25



DO NOT WRITE IN THIS SPACE