2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0100004953

1. Entity Name

EAGLES NEST ACADEMY CHIL	D CARE CENTER, INC.	動
Principal Place of Business	Mailing Address	
5353 45TH ST. WEST PALM BEACH FL 33407	5353 45TH ST. West Palm Beach Fl 33407	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

FILED Aug 04, 2003 8:00 am § Secretary of State

08-04-2003 90137 002 ****70.00

Principal Plac	ce of Business		Mailing Address								
			5353 45TH ST. West Palm Beach Fl 33	5353 45TH ST. West Palm Beach Fl 33407							
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2. Principal Place of Business 3. Ma			3. Mailing Address	Mailing Address				i i i i i i i i i i i i i i i i i i i 	BRANT BANDA ANTON DE		
Suite, Apt. #, etc. Suite			Suite, Apt. #, etc.	ite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State	City & State			4. FEI Number 65-1128473 Applied For Not Applicable				1
Zip Country			Zip	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name a	nd Address of Current	Registered Agent	d Agent			7. Name and Add	ress of New Registere	d Agent		i
					Name	0	24	<i>(</i> -			1
MOYSTO	N, CAMILLE	G			Street A	Adress (F	CO Box Number is	Not Acceptable			┨
4975 SA	BLE PINE CIP	CLE #A2			497	5	ss (P.O. Box Number is alot Acceptable)				
WEST PA	ALM BEACH F	L 33417			11/1	7Z ,	Ll 330	<i>417</i>			1
					City	· ·	<u> </u>	F	L Zip Code	e	1
	e named entity : tions of register		r the purpose of changing its	registere	ed office o	r registere	ed agent, or both, in	the State of Florida. I a	m familiar with,	and accept]
<i>)</i> *		*					•				}
SIGNATURE			<u> </u>				<u></u>				
*	Signature, typed or	printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signat	beriuper erut	when reinstating)	DATE			
											1
* 4				Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
Aitei och	terriber 10, 2	.005, mm win be \$2	30.23	JOHN.		_	Added to 1 669	Fiorida Depa	arunent or s	olale	
10.	· ·	OFFICERS AND DIF	RECTORS	11.		Α	DDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10	Ϊ.
TITLE	PTD		☐ Delete	TITLE					Change	☐ Addition	Š
NAME	WILLIAMS, L	LILETH J		NAMI		ŀ					1
STREET ADDRESS CITY-ST-ZIP	5353 45TH	SI. I BEACH FL 33407			ET ADDRESS ST-ZIP						Š
	VD VD	DEACH PL 33401	——————————————————————————————————————	_		07			[2] A	- Addition	Š
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STREET ADDRESS		UR POINT DR.			T ADDRESS	19.19	2 Rosel	oud Can	L		{
CITY-ST-ZIP		BEACH FL 33411		CITY-	ST-ZIP		WP	Sanders Byd Can	45		
TITLE	D ,		☐ Delete	TITLE		_	•	WILLI		Addition]
NAME	GPANT JIP	NAME .		NAME		ره وا		00 1 C C 1	UINS		
STREET ADDRESS	HANNE SE	BEACH TO SAIT			ET ADDRESS	801	5 Glier	chobee	BIVO		{
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NAME STREET ADDRESS	LEWIS, DIAM 450-WEST 3			NAME	: Et address	1100	Balla	J. D. S.	ر دران ا		ŀ
CITY-ST-ZIP		ACH FL 33404			ST-ZIP	1020	1872178	chobee 33411 Slackwo ur Point	שייירע		
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CITY-ST-ZIP				4	ST-ZIP		•				ĺ
TITLE			☐ Delete	TITLE					☐ Change	Addition	
NAME				NAME					-		Ì
STREET ADDRESS				STREE	T ADDRESS						

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

03 561-684-3082