

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008720

1. Entity Name

PARENT EDUCATION PROGRAMS, INC.

Principal Place of Business

1533 NORTH RIDGE LAKE CIRCLE
LONGWOOD FL 32750-4554

Mailing Address

1533 NORTH RIDGE LAKE CIRCLE
LONGWOOD FL 32750-4554

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RAY, ELAINE C
1533 NORTH RIDGE LAKE CIRCLE
LONGWOOD FL 32750-4554

4. FEI Number

59-3761130

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

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

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 DPC
NAME RAY, ELAINE E ☐ Delete
STREET ADDRESS 1533 NORTH RIDGE LAKE CIRCLE
CITY-ST-ZIP LONGWOOD FL 32750-4554

TITLE DST
NAME O'CONNELL, PENNELOPE B ☐ Delete
STREET ADDRESS 1533 NORTH RIDGE LAKE CIRCLE
CITY-ST-ZIP LONGWOOD FL 32750-4554

TITLE D ☒ Delete
NAME O'CONNELL, DANIEL T
STREET ADDRESS 1533 NORTH RIDGE LAKE CIRCLE
CITY-ST-ZIP LONGWOOD FL 32750-4554

TITLE D ☒ Delete
NAME RAY, ROBERT J SR.
STREET ADDRESS 1533 NORTH RIDGE LAKE CIRCLE
CITY-ST-ZIP LONGWOOD FL 32750-4554

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DPC ☐ Change ☐ Addition
NAME Ray, Elaine C.
STREET ADDRESS 1533 North Ridge Lake Circle
CITY-ST-ZIP Longwood, FL 32750-4554

TITLE DST ☒ Change ☐ Addition
NAME O'Connell, Penelope B.
STREET ADDRESS 1893 Pine Bay Drive
CITY-ST-ZIP Lake Mary, FL 32746

TITLE ☒ Change ☐ Addition
NAME Rachel Hazen Hale
STREET ADDRESS 540 Tall Oaks Terr, Longwood, FL 32750

TITLE ☒ Change ☐ Addition
NAME Marie Gregory
STREET ADDRESS 536 Tall Oaks Terr, Longwood, FL 32750

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

April 23-02 407-415-8770

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90325 038 ****61.25



DO NOT WRITE IN THIS SPACE

BUL00000

0001225 1
CR2E037 (9/01)