

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

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90168 023 *****61.25

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

3590 Hwy 17-92 Suite 1032 Longwood FL

3. Mailing Address

1533 North Ridge Lake CR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

LAKE MARY FL

City & State

Longwood FL

4. FEI Number **59-3761130**

Applied For
Not Applicable

Zip

32746

Country

Seminole

Zip

32750

Country

Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Elaine C. Ray

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ Delete
NAME **RAY, ELAINE C**
STREET ADDRESS **1533 NORTH RIDGE LAKE CIRCLE**
CITY-ST-ZIP **LONGWOOD FL 32750-4554**

TITLE **STD** ☐ Delete
NAME **O'CONNEL, PENELOPE B**
STREET ADDRESS **1893 PINE BAY DRIVE**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☐ Delete
NAME **HALE, RACHEL H**
STREET ADDRESS **540 TALL OAKS TERR**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☐ Delete
NAME **GREGORY, MARIE**
STREET ADDRESS **536 TALL OAKS TERR**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☐ Delete
NAME **Dan Ping**
STREET ADDRESS **300 N French Ave**
CITY-ST-ZIP **Sanford, FL 32771**

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

TITLE ☐ Change ☐ Addition
NAME
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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:

Elaine C. Ray **Elaine C. RAY** April 30-2003

CR2E037 (10/02)