

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

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90105 014 ****70.00

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DOCUMENT # N02000002947

1. Entity Name

THE COMMUNITY LEARNING CENTER OF DAYTONA, INC.



Principal Place of Business

% BELINDA A. MCELVEEN
4636 SOUTH MOON TRAIL
PORT ORANGE FL 32129

Mailing Address

% BELINDA A. MCELVEEN
4636 SOUTH MOON TRAIL
PORT ORANGE FL 32129

2. Principal Place of Business

48 South St

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 11034

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32114

Country

USA

Zip

32120

Country

USA

4. FEI Number

01-0681722

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCELVEEN, BELINDA A
4636 SOUTH MOON TRAIL
PORT ORANGE FL 32129

7. Name and Address of New Registered Agent

Name **Leah Riddick**

Street Address (P.O. Box Number is Not Acceptable)

1059 Mason Ave

City **Daytona Beach**

FL

Zip Code

32114

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

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

After September 10, 2003; min will be \$236.25

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 | PD | <input type="checkbox"/> Delete |
| NAME | MCELVEEN, BELINDA | |
| STREET ADDRESS | 4636 SOUTH MOON TRAIL | |
| CITY-ST-ZIP | PORT ORANGE FL 32129 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | RIDDICK, LEAH C | |
| STREET ADDRESS | 1059 MASON AVE. | |
| CITY-ST-ZIP | DAYTONA BCH FL 32114 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | DAVIS, PAULETTE | |
| STREET ADDRESS | 1017 HAMPTON RD. | |
| CITY-ST-ZIP | DAYTONA BCH FL 32114 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | JANVIER, ARRIGENE | |
| STREET ADDRESS | 1026 S. GERTRUDE | |
| CITY-ST-ZIP | DAYTONA BCH FL 32117 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GRACE, PATRICIA | |
| STREET ADDRESS | 1476 VINE ST. | |
| CITY-ST-ZIP | HOLLY HILL FL 32117 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JAMERSON, OLIVE | |
| STREET ADDRESS | 1023 HAMPTON RD. | |
| CITY-ST-ZIP | DAYTONA BCH FL 32114 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIDDICK, LEAH C. | |
| STREET ADDRESS | 1059 Mason Ave. | |
| CITY-ST-ZIP | Daytona Beach FL 32114 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mcelveen, Belinda | |
| STREET ADDRESS | 4636 South Moon Trail | |
| CITY-ST-ZIP | Port Orange FL 32129 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

Leah Riddick, President

386

3341750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)