

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

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90145 016 ****61.25

DOCUMENT # **N02000004620**

1. Entity Name

MAJESTY LEARNING CENTER, INC.
4520 PARKBREEZE COURT
ORLANDO, FL 32808



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

MAJESTY LEARNING CENTER, INC. **4520 PARKBREEZE CT.**
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32808

Country

U.S.A.

Zip

32808

Country

U.S.A.

4. FEI Number

51-0425070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CLAUD BOWERS

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

4520 PARKBREEZE COURT

City

ORLANDO

FL

Zip Code

32808

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$81.25
Initial or Amended UBR

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	D	TITLE	
NAME	BOWERS, CLAUD	NAME	
STREET ADDRESS	4520 PARKBREEZE COURT	STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 32808	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	BOWERS, FREEDA	NAME	
STREET ADDRESS	4520 PARKBREEZE CT.	STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 32808	CITY - ST - ZIP	
TITLE		TITLE	
NAME	HOWELL, P.B., JR.	NAME	
STREET ADDRESS	603 GIBSON ST.	STREET ADDRESS	
CITY - ST - ZIP	LEESBURG, FL 34748	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	BEIK, STEPHEN W.	NAME	
STREET ADDRESS	1101 N LAKE DESTINY ROAD SUITE 120	STREET ADDRESS	
CITY - ST - ZIP	MAITLAND, FL 32751	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

06/30/2003

407/298-5555

CR2E037B (12/02)