

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20459

1. Entity Name

FULL FLOWER EDUCATION CENTER, INC.

Principal Place of Business

1816-A MAHAN DR
TALLAHASSEE FL 32308-5203

Mailing Address

1816-A MAHAN DR
TALLAHASSEE FL 32308-5203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2800434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDMAN, IRWIN
1816 MAHAN DRIVE
TALLAHASSEE FL 32308

Name: FRIEDMAN, IRWIN

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

1816 MAHAN DR

City TALLAHASSEE

FL

Zip Code 32308

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 Irwin Friedman Irwin Friedman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

SEPT 7, 2000

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME JOLY, ROD
STREET ADDRESS 230 N ANDALUSIA
CITY-ST-ZIP SANTA ROSA FL 32308

TITLE D ☐ Change ☒ Addition
NAME HEIN, GRETCHEN
STREET ADDRESS 2032 WEDGEWOOD
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE TD ☒ Delete
NAME CANTER, BRAM
STREET ADDRESS 9554 YASHUNTAFUN
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE TD ☐ Change ☒ Addition
NAME WEINSTEIN, TAMARA
STREET ADDRESS 508 OAKLAND AVE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE PD ☒ Delete
NAME CERULEAN, SUSAN
STREET ADDRESS 9601 16 MICCOSUKEE
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE PD ☐ Change ☒ Addition
NAME CYRCE, ELEANOR
STREET ADDRESS 1816-B MAHAN DR.
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE SD ☐ Delete
NAME HARDIN, DENIS
STREET ADDRESS 805 DEVON
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME 500003390835--B
STREET ADDRESS -09/13/00--01007--017
CITY-ST-ZIP *****61.25 *****61.25

TITLE D ☐ Delete
NAME FRIEDMAN, IRWIN
STREET ADDRESS 1816 MAHAN DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 IRWIN FRIEDMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEPT 7, 2000 850/878-8476

Date

Daytime Phone #

CR2E037 (5/00)

KE