

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90965 014 ****61.25

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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**

10095787



2. Principal Place of Business

9601 MICCOSUKEE RD. LOT 86

3. Mailing Address

9601 MICCOSUKEE RD LOT 86

Suite, Apt. #, etc.

TALLAHASSEE, FL

Suite, Apt. #, etc.

TALLAHASSEE, FL

City & State

32309

City & State

32309

Zip

Country

USA

Zip

Country

USA

4. FEI Number **59-2800434**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~FRIEDMAN, IRWIN~~ **FRIEDMAN, IRWIN**
~~1816 MAHAN DR~~ **9601 Miccosukee Rd., LOT 86**
~~TALLAHASSEE FL 32308~~ **32309**

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

Irwin Friedman

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	D	<input type="checkbox"/> Delete
NAME	HEIN, GRETCHEN	
STREET ADDRESS	2032 WEGDEWOOD	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEINSTEIN, TAMARA	
STREET ADDRESS	508 OAKLAND AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CYRCE, ELEANOR	
STREET ADDRESS	1816-B MAHAN DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HARDIN, DENIS	
STREET ADDRESS	805 DEVON	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, IRWIN	
STREET ADDRESS	9601 Miccosukee Rd. LOT 86	
CITY-ST-ZIP	TALLAHASSEE FL 32308 32309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Madeline Parra	
STREET ADDRESS	150 PARKBROOK CIR	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLDO FONTAINE	
STREET ADDRESS	150 PARKBROOK CIR	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
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:

Irwin Friedman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 29, 2003 850/878-8476

Date

Daytime Phone #

CR2E037 (10/02)