

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

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90407 001 \*\*\*472.50

**DOCUMENT # N37077**

1. Entity Name

**THREE - H LEARNING CENTER, INC.**



Principal Place of Business

**36546 THORNHAVEN LANE  
DADE CITY FL 33523  
US**

Mailing Address

**36546 THORNHAVEN LANE  
DADE CITY FL 33523  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0193322**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COLOM, BARTOLOME  
36424 FLORRIE MAE LANE  
DADE CITY FL 33523**

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

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 NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>COLOM, BARTOLOME</b> <b>36424 FLORRIE MAE LANE</b> <b>DADE CITY FL 33523</b> ✓ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>COLOM, ROSA</b> <b>36424 FLORRIE MAE LANE</b> <b>DADE CITY FL 33523</b> ✓ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ESPAÑZA, LOUROS</b> <b>36432 FLORRIE MAE LAND</b> <b>DADE CITY FL 33523</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PAULA, ROSA</b> <b>15873 SW 150 TERRACE</b> <b>MIAMI FL 33196</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PAULA, JUAN</b> <b>18573 SW 150 TERRACE</b> <b>MIAMI FL 33196</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>BLACKMON, TERRY L</b> <b>5746 LOMA VISTA DR W</b> <b>DAVENPORT FL 33896</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ESPAÑZA, LOURDES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PAULA PALANCO, ROSA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **REQUIRED**

CR2E037 (10/02)

# ATTACHMENT

N37077 / 55017885

## Three – H Learning Center, Inc. Board Members

Bartolome Colom 36424 Florrie Mae Lane Dade City, FL 33523 <b>PRESIDENT</b>	Rosa Colom 36424 Florrie Mae Lane Dade City, FL 33523 <b>DIRECTOR</b>
Brendan Norton 17320 Linda Vista Circle Lutz, FL 33549 <b>VICE PRESIDENT</b>	Aida Norton 17320 Linda Vista Circle Lutz, FL 33549 <b>DIRECTOR</b>
Bart Colom Jr. 1000 Cut Off Branch Oviedo, FL 32765 <b>TREASURER</b>	Lourdes Esparza 36432 Florrie Mae Lane Dade City, FL 33523 <b>DIRECTOR</b>
Juan Paula 15873 SW 150 Terrace Miami, FL 33196 <b>DIRECTOR</b>	Rosa Polanco 15873 SW 150 Terrace Miami, FL 33196 <b>DIRECTOR</b>
Myrna Colom 36546 Thornhaven Lane Dade City FL 33523 <b>DIRECTOR</b>	Terry Blackmon 5746 Loma Vista Dr. W. Davenport, FL 33896 <b>SECRETARY</b>
Daniel Acevedo 8334 Paddlewheel St. Tampa, FL 33637 <b>DIRECTOR</b>	Hector Vasquez 159 Cypress View Lane Groveland, FL 34746 <b>DIRECTOR</b>
Morayma M. Ortiz 159 Cypress View Lane Groveland, FL 34746 <b>DIRECTOR</b>	Brunilda Fowler 1000 Cut Off Branch Oviedo, FL 32765 <b>DIRECTOR</b>