## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED DOCUMENT # N46032** May 09, 2000 8:00 am 1. Entity Name Secretary of State HI-TECH TUTORING CENTER, INC. 05-09-2000 90023 030 \*\*\*\*61.25 Principal Place of Business Mailing Address 4554 S. ORANGE BLOSSOM TRAIL PO BOX 555661 ORLANDO FL 32855-5661 ORLANDO FL 32839 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3092747 Not Applicable Country \$8.75 Additional 5. \* Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MOSLEY, ERNESTINE D 4554 S. ORANGE BLOSSOM TRAIL #72 Zip Code City ORLANDO FL 32839 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 4 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition **PCD** Delete TITLE TITLE PCD MAME NAME ALI, MALIK John D. Ellis, Jr., Pres./Chairman STREET ADDRESS STREET ADDRESS POST OFICE BOX 10000 N/A 105 E. Robinson St., Ste. 500 Orlando, FL. 32801 CITY-ST-ZIP ORLANDO FL 32830-1000 Change Delete TITLE VCD TITLE VCD Lisa Early, Vice Pres/Vice Chairman NAME ANTON, BRUCE STREET ADDRESS STREET ADDRESS Howard Phillips Ctr. For Children POST OFFICE BOX 1031 N/A CITY-ST-ZIP CITY-ST-216 ORLANDO FL 32802 3<u>2819</u> <u>Orlando, FL</u> Change : ■ Addition Sec./Treas. Delete TITLE S II. Jean mr. 1772 Alice Leach NAME KEMPER, JOHN STREET ADDRESS 4572 S. Orange Blossom Tr., #72 STREET ADDRESS 1746 ALVARADO COURT CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32839 <u>Longwood FL 32779</u> ☐ Change Addition Delete TITLE TITLE NAME NAME RELVINI, PATRICIA K CPA STREET ADDRESS STREET ADDRESS 200 S. ORANGE AVE, 20TH FLOOR CITY-ST-ZIP CITY-ST-ZIP <u>Orlando fl. 32801</u> ☐ Change Addition Delete TITLE TITLE NAME NAME MOSLEY, ERNESTINE STREET ADDRESS STREET ADDRESS 1001 S. DOLLINS AVENUE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME MOSLEY, ERNESTINE D NAME STREET ADDRESS STREET ADDRESS 4554 S. ORANGE BLOSSOM TRAIL, #72 CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32839

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.

(407) 858–0919

SIGNATURE:

CONTROL OF THE CONTROL OF SIGNING OFFICER OR DIRECTOR

Ernestine D. Mosley

Date

April 25,00

Caytime Phone #

CH2E037 (9