2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED DOCUMENT # **N96000004503** May 15, 2000 8:00 am **Secretary of State** SENIORNET LEARNING CENTER OF CENTRAL FLORIDA, IN 05-15-2000 90166 030 ****61.25 Principal Place of Business Mailing Address 99 E. MARKS ST 99 E. MARKS ST ORLANDO FL 32803-3814 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3401020 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) AARONSON, RENEE 940 PONYTAIL PALM CIR **OVIEDO FL 32765** 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. ONTHI ETTER SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition Delete TITLE TITLE ROSE MARIE CHAPMAN Ja**rvi**s, alex NAME NAME 5388 E. GRANT STREET ADDRESS 4304 LAKE UNDERHILL RD STREET ADDRESS 32812 ORLANDO. CITY-ST-ZIP ORLANDO PL 32803 CITY-ST-ZIP PD ☐ Delete ☐ Change ☐ Addition TITL F TITLE SPRINGALL, TOM NAME NAME STREET ADDRESS STREET ADDRESS 8648 GREAT COVE DR CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32819 ☐ Addition SD M Change TITLE ☐ Delete TITLE GOSHEFF, CONRAD GOSHETT, CONRAD NAME NAME STREET ADDRESS STREET ADDRESS 506 SMOKERISE BLVD CITY-ST-ZIP CITY-ST-ZIP Longwood FL 32779 ☐ Change Addition ۷Ď ☐ Delete TITLE NAME BEALE, JOHN NAME STREET ADDRESS STREET ADDRESS P.O. BOX 950922 N/A CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32795 ☐ Delete ☐ Change ☐ Addition AARONSON, RENEE STREET ADDRESS STREET ADDRESS 940 PONYTAIL PALM CIR CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

AMPONSON