

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004803

1. Entity Name

ACTS II EDUCATIONAL CORPORATION, INC.

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90106 050 \*\*\*\*61.25

0013230

Principal Place of Business

Mailing Address

~~1900 SUMMIT TOWERS BLVD.~~  
~~SUITE 230~~  
~~ORLANDO FL 32810~~  
US

~~1900 SUMMIT TOWERS BLVD.~~  
~~SUITE 230~~  
ORLANDO FL 32808

2. Principal Place of Business

3. Mailing Address

477 Pickford Pt  
Suite, Apt. #, etc.

477 Pickford Pt  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Longwood, FL 32779

Zip  
32779

Country

City & State

Longwood, FL

Zip  
32779

Country

4. FEI Number

59-3429960

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

Name

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

City

FL

Zip Code

BOWERS, CLAUD

~~1900 SUMMIT TOWERS BLVD.~~

~~SUITE 230~~

~~ORLANDO FL 32810~~

477 Pickford Pt  
Longwood, FL 32779

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

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME BOWERS, CLAUD  
STREET ADDRESS 477 PICKFORD POINT  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

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

TITLE VD  
NAME VARNUM, JEROME  
STREET ADDRESS 8875 E. STATE HWY. 52  
CITY-ST-ZIP WEBB AL 36376 ☐ Delete

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

TITLE STD  
NAME WADDELL, GARY  
STREET ADDRESS 823 APPLE TREE STREET  
CITY-ST-ZIP DOTHAN AL 36301 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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, or all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02 407 298-5555

Date

Daytime Phone #

CR2E037 (9/01)