

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004627

1. Entity Name

THE HENRY T. HEALD CENTER FOR EDUCATIONAL ADVANC

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90963 032 ****61.25

Principal Place of Business
 1133 LOUISIANA AVE.
 # 200
 WINTER PARK FL 32789

Mailing Address
 1133 LOUISIANA AVE.
 # 200
 WINTER PARK FL 32789

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 PO BOX 293
 Suite, Apt. #, etc.

City & State
 WINTER PARK, FL

Zip
 32790-0293

Country
 USA

4. FEI Number
 59-3463132

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 MANHIRE, JOHN T JR.
 1133 LOUISIANA AVE.
 STE 200
 WINTER PARK FL 32789

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.

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		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANHIRE, JOHN T	
STREET ADDRESS	1133 LOUISIANA AVE. # 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPANGLER, D. PORTER	
STREET ADDRESS	1133 LOUISIANA AVE. # 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPANGLER, JOHN E	
STREET ADDRESS	1133 LOUISIANA AVE. # 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUZANNE W.H. MILLER	
STREET ADDRESS	3120 DOWNS COVERD.	
CITY-ST-ZIP	WINDERMERE, FL 32786	
TITLE	SARASOTA D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARA GRAY	
STREET ADDRESS	1133 LOUISIANA AVE #200	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVERLY ANDERSON	
STREET ADDRESS	1133 LOUISIANA AVE #200	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT MUDGE	
STREET ADDRESS	1133 LOUISIANA AVE #200	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT WACKER	
STREET ADDRESS	1133 LOUISIANA AVE #200	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAY SHARPTON	
STREET ADDRESS	9523 BAY VISTA ESTATES BLVD.	
CITY-ST-ZIP	ORLANDO, FL 32836	

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: Signature Required Kay Sharpton 4/28/00 407-539-1007
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)