

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

05-14-2001 90032 023 ****61.25

DOCUMENT # N97000004627

1. Entity Name

THE HENRY T. HEALD CENTER FOR EDUCATIONAL ADVANC

Principal Place of Business

1133 LOUISIANA AVE.
 # 200
 WINTER PARK FL 32789

Mailing Address

PO BOX 293
 WINTER PARK FL 32790

2. Principal Place of Business

10199 WINTER GLEN / VALARDO RD
 Suite, Apt. #, etc.

3. Mailing Address

PO BOX 293
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

4. FEI Number

59-3463132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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 ☐ Delete
 NAME D
 STREET ADDRESS SPANGLER, JOHN E
 CITY-ST-ZIP 1133 LOUISIANA AVE. # 200
 WINTER PARK FL 32789

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MUDGE, ROBERT
 CITY-ST-ZIP 1133 LOUISIANA AVE #200
 WINTER PARK FL 32789

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WACKER, ROBERT
 CITY-ST-ZIP 1133 LOUISIANA AVE #200
 WINTER PARK FL 32789

TITLE ☒ Delete
 NAME STD
 STREET ADDRESS SHARPTON, KAY
 CITY-ST-ZIP 9523 BAY VISTA ESTATES BLVD
 ORLANDO FL 32836

TITLE ☐ Delete
 NAME NORI
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME Director
 STREET ADDRESS NORRIS, RICHARD
 CITY-ST-ZIP 7051-A ASHLEY PARK CT. SUITE 402
 ORLANDO FL 32835-6113

TITLE ☐ Change ☒ Addition
 NAME Director
 STREET ADDRESS SHULER, JAMES
 CITY-ST-ZIP 7548 MUNICIPAL DR.
 ORLANDO, FL 32819

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 fees empowered.

SIGNATURE:

S. Richard W. F. [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01

407-257-5968

CR2E037 (10/00)