

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90034 037 \*\*\*\*61.25

**DOCUMENT # N97000004627**

1. Entity Name

**THE HENRY T. HEALD CENTER FOR EDUCATIONAL ADVANCEMENT, INC.**Principal Place of Business  
**VINELAND**  
**6189 WINTER GARDEN/ VAILAND ROAD**  
**WINDERMERE FL 34786**Mailing Address  
**PO BOX 293**  
**WINTER PARK FL 32790**

00000404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3463132**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **RICHARD W NORRIS ESQ**

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

**7651 A ASHLEY PARK CT., STE. 401**City **ORLANDO**

FL

Zip Code  
**32835**

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 SPANGLER, JOHN E**  
STREET ADDRESS **1133 LOUISIANA AVE. # 200**  
CITY-ST-ZIP **WINTER PARK FL 32789**TITLE ☒ Delete  
NAME **D MUDGE, ROBERT**  
STREET ADDRESS **1133 LOUISIANA AVE #200**  
CITY-ST-ZIP **WINTER PARK FL 32789**TITLE ☒ Delete  
NAME **D WACKER, ROBERT**  
STREET ADDRESS **1133 LOUISIANA AVE #200**  
CITY-ST-ZIP **WINTER PARK FL 32789**TITLE ☐ Delete  
NAME **D NORRIS, RICHARD**  
STREET ADDRESS **7651-A ASHLEY PARK COURT, SUITE 402**  
CITY-ST-ZIP **ORLANDO FL 32835-6113**TITLE ☐ Delete  
NAME **D SHULER, JAMES**  
STREET ADDRESS **7548 MUNICIPAL DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32819**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☒ Addition  
NAME **P D DANIEL A BEATTY**  
STREET ADDRESS **4372 WILLOW PARK DR**  
CITY-ST-ZIP **ORLANDO FL 32835**TITLE ☐ Change ☒ Addition  
NAME **D D. PORTER SPANGLER**  
STREET ADDRESS **PO BOX 3072**  
CITY-ST-ZIP **WINTER PARK FL 32790**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****DANIEL A BEATTY** **4/16/02** **407 929 5470**

Date Daytime Phone #

CR2E037 (9/01)