

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90071 013 *****61.25

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1. Entity Name

THE HENRY T. HEALD CENTER FOR EDUCATIONAL ADVANCEMENT, INC.



Principal Place of Business

**6189 WINTER GARDEN/ VAILAND ROAD
WINDERMERE FL 34786**

Mailing Address

**PO BOX 293
WINTER PARK FL 32790**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**NORRIS, RICHARD W ESQ
7651 A ASHLEY PART CT., STE 401
ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name **Thomas R. Allen, Esquire**
Street Address (P.O. Box Number is Not Acceptable)
14 E. Washington Street - Suite 600
City **Orlando** FL Zip Code **32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **ND** ☐ Delete
NAME **BEATTY, DANIEL A**
STREET ADDRESS **4372 WILLOW PARK DR**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** ☐ Delete
NAME **SPANGLER, PORTER**
STREET ADDRESS **P.O BOX 3072**
CITY-ST-ZIP **WINTER PARK FL 32790**

TITLE **D** ☒ Delete
NAME **NORRIS, RICHARD**
STREET ADDRESS **7651-A ASHLEY PARK COURT, SUITE 402**
CITY-ST-ZIP **ORLANDO FL 32835-6113**

TITLE **D** ☐ Delete
NAME **SHULER, JAMES**
STREET ADDRESS **7548 MUNICIPAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **MD** ☐ Change ☒ Addition
NAME **Phillip E. Roberts**
STREET ADDRESS **9 NORTH HYER AVE**
CITY-ST-ZIP **ORLANDO, FL 32801**

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

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:

Porter Spangler

2/14/03 467 905 7700

CR2E037 (10/02)