

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90228 029 ****61.25

DOCUMENT # N98000001178

1. Entity Name

CHILDREN'S INTERNATIONAL EXPERIENTIAL LEARNING ORGANIZATION, INC.



Principal Place of Business

**4914 22ND ST NORTH
WEST PALM BEACH FL 33417
US**

Mailing Address

**P.O. BOX 2642
PALM BEACH FL 33480**

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 **65-0814805**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEA, ANDREA
4914 22ND ST NORTH
WEST PALM BEACH FL 33417**

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. 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

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	PAST	<input checked="" type="checkbox"/> Delete
NAME	LEA, ANDREA	
STREET ADDRESS	4914 22ND ST N	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	V	<input type="checkbox"/> Delete
NAME	SIMS, H B	
STREET ADDRESS	7301 S DIXIE HWY	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOHAMMED, SAMUEL	
STREET ADDRESS	4914 22ND ST NORTH	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSH, EDITH C	
STREET ADDRESS	1444 8TH ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEARD, ROBERT	
STREET ADDRESS	1607 40TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANKER, PAM	
STREET ADDRESS	1423 NO L STREET	
CITY-ST-ZIP	LAKE WORTH FL 33460	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V, S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	same	
STREET ADDRESS	same	
CITY-ST-ZIP	same	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Si Andrea Lea** **REQ Andrea Lea** **05/30/03 561-440-5668**

CR2E037 (10/02)