

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90235 049 ****61.25

0066634

DOCUMENT # N98000007170

1. Entity Name

ACTIVE LEARNING ACADEMY, INC.

Principal Place of Business

**14503 S TAMiami TRAIL
 NORTH PORT FL 34287**

Mailing Address

**14503 S TAMiami TRAIL
 NORTH PORT FL 34287**

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

31-1634946

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~~

7. Name and Address of New Registered Agent

**O'NEAL, LISA
 14503 S TAMiami TR
 STE B
 NORTH PORT FL 34287**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD O'NEAL, LISA <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	14503 S TAMiami TR #B NORTH PORT FL 34287
TITLE NAME	VD O'NEAL, LEE <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	14503 S TAMiami TR #B NORTH PORT FL 34287
TITLE NAME	SD AUSTIN, SEAN <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4640 SAN ANTONIO LANE BONITA SPRINGS FL 34134
TITLE NAME	TD JORDAN, KELLY <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	14949 US 41 S. BONITA SPRINGS FL 34135
TITLE NAME	D CALVETTI, BRUNO <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	223 DARTMOUTH ST. CLEARWATER FL 34621
TITLE NAME	D DANIELEWICZ, LINDA <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8 DOGWOOD ST. NAPLES FL 34104

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 employed.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 941-429-9848
 Date Daytime Phone #

CR2E037 (9/01)