

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000007170

FILED  
Jan 05, 2003  
Secretary of State

Entity Name: ACTIVE LEARNING ACADEMY, INC.

**Current Principal Place of Business:**

14503 S TAMiami TRAIL  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

14503 S TAMiami TRAIL  
NORTH PORT, FL 34287

**New Mailing Address:**

FEI Number: 31-1634946      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

THOMPSON, D  
14503 S TAMiami TR  
STE B  
NORTH PORT, FL 34287 US

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: DAVID THOMPSON

01/05/2003

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: O'NEAL, LISA  
Address: 14503 S TAMiami TR #B  
City-St-Zip: NORTH PORT, FL 34287

Title: VD ( ) Delete  
Name: O'NEAL, LEE  
Address: 14503 S TAMiami TR #B  
City-St-Zip: NORTH PORT, FL 34287

Title: SD ( ) Delete  
Name: AUSTIN, SEAN  
Address: 4640 SAN ANTONIO LANE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD ( ) Delete  
Name: JORDAN, KELLY  
Address: 14949 US 41 S.  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: CALVETTI, BRUNO  
Address: 223 DARTMOUTH ST.  
City-St-Zip: CLEARWATER, FL 34621

Title: D ( ) Delete  
Name: DANIELEWICZ, LINDA  
Address: 8 DOGWOOD ST.  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: O'NEAL, L  
Address: 14503 S TAMiami TR #B  
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change ( ) Addition  
Name: THOMPSON, D  
Address: 14503 S TAMiami TR #B  
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change ( ) Addition  
Name: ERICKSON, E  
Address: 14503 S TAMiami TRAIL #B  
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change ( ) Addition  
Name: BARTCZAK, J  
Address: 14503 S TAMiami TRAIL #B  
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change ( ) Addition  
Name: BARTCZAK, L  
Address: 14503 S TAMiami TRAIL #B  
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change ( ) Addition  
Name: CORE CURRICULUM OF A, MERICA, INC.  
Address: 14503 S TAMiami TRAIL #B  
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID THOMPSON

D

01/05/2003

Electronic Signature of Signing Officer or Director

Date

J. STROKO  
14503 S TAMiami TRAIL #B  
NORTH PORT, FL 34287