

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003555

1. Entity Name

~~FLAGLER ESTATES CHRISTIAN DAYSCHOOL INC.~~
Flagler Estates Learning Center, Inc.

Principal Place of Business

Mailing Address

4275 FLAGLER ESTATES BLVD.
HASTINGS FL 32145

4275 FLAGLER ESTATES BLVD.
HASTINGS FL 32145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3580802

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

with new name

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

NEAL, JAMES R
4275 FLAGLER ESTATES BLVD.
HASTINGS FL 32145

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.

100003632011--6

-02/05/01--01005--004

*****70.00 *****70.00

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 STREET ADDRESS CITY-ST-ZIP	C NEAL, JAMES R 4275 FLAGLER EAST BLVD HASTINGS FL 32145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M NEAL, JEAN A 4275 FLAGLER EAST BLVD HASTINGS FL 32145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEE, ANGELA J 4350 CEDAR FORD ROAD HASTINGS FL 32145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRISWOLD, REV. EDWIN 400 SOUTH 18TH STREET PALATKA FL 32177	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Johnson, Sally PO Box 698 Hastings FL 32145	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Licata, Jacqueline A. PO Box 5038 EIKTON, FL 32033	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Di Franco, Susan 680 CR 13-A SOUTH EIKTON, FL 32033	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Atkinson, Virginia 567 Federal Point Rd. East Palatka, FL 32131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Felder, Brenda PO Box 124 Hastings FL 32145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lazala, Evelyn 10530 GUZMAN Ave. Hastings FL 32145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rodrigue, Pam 401 East River Rd. Palatka FL 32177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

James R. Neal
James R. Neal

B. PAYNE FEB 2 - 2001

1-8-01 (904) 692-1920

Date

Daytime Phone #

CR2E037 (10/00)