2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

WEST PALM BEACH

3. Mailing Address

Suite, Apt. #, etc.

City & State

WEST PALM BEACH

Zip

33407

2450 METROCENTRE BLVD.

DOCUMENT # N9900006008

FL

6. Name and Address of Current Registered Agent

Country

MONIQUE DENISE

FOUNDATIONS OF LEARNING, INC.

1. Entity Name

Principal Place of Business

2. Principal Place of Business

2450 METROCENTRE BLVD.

WEST PALM BEACH

4201 WESTGATE AVE. Suite, Apt. #, etc.

WEST PALM BEACH

33407

SUITE A12 City & State

33409

FILED Aug 16, 2000 08:00 AM **Secretary of State** DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0993785 Not Applicable \$8.75 Additional 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code 08/16/2000 Make Check Payable to Department of State ☐ Change TERRI LTRUSTEE FL33409

7359 THATCHER AVE. LANTANA FL. 33462 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 site if applicable. (NOTE Registered Agent signature required when reinstating) ญ็หญ่≥าเก็ ก็เรียกได้ FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate TITLE TRUS X Addition NAME NAME RANDLE STREET ADDRESS STPEET ADDRESS 4201 WESTGATE AVE., A12 CITY-ST-ZIP CITY-ST-ZIP WPB TITLE ☐ Delete TRUS ☐ Change XI Addition NAME NAME TERRI LTRUSTEE RANDLE STREET ADDRESS STREET ADDRESS 4201 WESTGATE AVE., A12 CITY-ST-ZIP CITY-ST-ZIP WPB \mathbf{FL} 33409 TITLE ☐ Delete TITLE DIR ☐ Change **X** Addition NAME NAME RANDLE TERRI LDIRECTO STREET ADDRESS STREET ADDRESS 4201 WESTGATE AVE, A12 CITY-ST-ZIP 33409 CITY-ST-ZIP WPB \mathbf{FL} TITLE ☐ Delete TITLE PRES ☐ Change X Addition NAME RANDLE TERRI LPRES STREET ADDRESS STREET ADDRESS 4201 WESTGATE AVE. CITY-ST-ZIF CITY-ST-ZIP WEST PALM BEACH 33401 TITLE ☐ Delete TID F Change ☐ Addition NAME NAR/F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FL

FL

Name

Country

^{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.