

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2000 8:00 am
Secretary of State

02-18-2000 90107 001 ****61.25

DOCUMENT # N99000006405

1. Entity Name

ADVENTURE LEARNING CENTRE, INC.

Principal Place of Business

Mailing Address

P.O. BOX N-855
 NASSAU, BAHAMAS

P.O. BOX N-855
 NASSAU, BAHAMAS

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

"Applied For"

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$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

ROSS, STEVE
 1901 SHARON ST.
 BOCA RATON FL 33486

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:
SEE 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D GREBE, RANDY P.O. BOX N-855 NASSAU, BAHAMAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D CAMPBELL, JAMES 541 BURNT EMBER LN. BUFFALO GROVE IL 60089	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D TISSOT, SAM 3440 ACADEMY DR. WINDSOR, ON CANADA N9E 4B2	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D DUNCANSON, HUMPHREY 48 VALENTINE AVE. HUNTINGTON NY 11743	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D JOHNSON, HESKETH 2844 N.W. 42ND AVE. COCONUT CREEK FL 33066	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D FARQUHARSON, CEDRIC P.O. BOX N-4623 NASSAU, BAHAMAS	<input type="checkbox"/> Change <input 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:

Randy Grebe REQUIRED

Jan 29, 2000 (242) 361-2120

CR2E037 (9/99)