

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90079 001 \*\*\*\*61.25

**DOCUMENT # N99000006405**

1. Entity Name

**ADVENTURE LEARNING CENTRE, INC.**



Principal Place of Business

**P.O. BOX 273525  
BOCA RATON FL 33427-3525**

Mailing Address

**3200 N. MILITARY TR. STE. 201  
BOCA RATON FL 33431**

**20011550**



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

**31-1704954**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GREBE, RANDY**

**6401 N.W. 54 DR. ADDRESS CHANGE only**

**CORAL SPRINGS FL 33067**

7. Name and Address of New Registered Agent

Name

**GREBE RANDY**

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

**5386 N.W. 60 DRIVE**

City

**CORAL SPRINGS**

FL

Zip Code

**33067**

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. I am familiar with, and accept the obligations of the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**Randy Grebe, President**

**January 10, 2003**

DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	GREBE, RANDY	6401 N.W. 64 DR.	CORAL SPRINGS FL 33067	<input type="checkbox"/>	<input type="checkbox"/>
D	CAMPBELL, JAMES	541 BURNT EMER LN.	BUFFALO GROVE IL 60089	<input type="checkbox"/>	<input type="checkbox"/>
DT	TISSOT, SAM	3440 ACADEMY DR.	WINDSOR, ON CANADA N9E 4B2	<input type="checkbox"/>	<input type="checkbox"/>
D	DUNCANSON, HUMPHREY	48 VALENTINE AVE.	HUNTINGTON NY 11743	<input type="checkbox"/>	<input type="checkbox"/>
D	JOHNSON, HESKETH	2844 N.W. 42ND AVE.	COCONUT CREEK FL 33066	<input type="checkbox"/>	<input type="checkbox"/>
DVP	FARQUHARSON, CEDRIC	P.O. BOX N-4623	NASSAU, BAHAMAS	<input type="checkbox"/>	<input type="checkbox"/>

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:

**Samuel E. Tissot, Treas. 01/09/03(519) 969-4269**

CR2E037 (10/02)