

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90201 020 \*\*\*\*70.00

**DOCUMENT # N99000006439**

1. Entity Name

**CHIEF CORNERSTONE LEARNING CENTER, INC.**

Principal Place of Business

1146 E. PLANT STREET  
 WINTER GARDEN FL 34787

Mailing Address

1146 E. PLANT STREET  
 WINTER GARDEN FL 34787-2942

00042731



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3610748

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JAMES, CLORETHA M**  
**1146 E. PLANT STREET**  
**WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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:**  
**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

TITLE: PD  
 NAME: JAMES, CLORETHA M  Delete  
 STREET ADDRESS: 8127 VILLAGE GREEN ROAD  
 CITY-ST-ZIP: ORLANDO FL 32818

TITLE: VD  
 NAME: JAMES, NORMAN J  Delete  
 STREET ADDRESS: 8127 VILLAGE GREEN ROAD  
 CITY-ST-ZIP: ORLANDO FL 32818

TITLE: SD  
 NAME: BELL, WILLIE MAE  Delete  
 STREET ADDRESS: 4503 LK. MARTIN LANE, APT. E  
 CITY-ST-ZIP: ORLANDO FL 32808

TITLE: D  Delete  
 NAME: BELL, JIMMY C  
 STREET ADDRESS: 4503 LK. MARTIN LANE, APT. E  
 CITY-ST-ZIP: ORLANDO FL 32808

TITLE: TD  Delete  
 NAME: MIKE, JANICE  
 STREET ADDRESS: 1105 ORANGE BOULEVARD  
 CITY-ST-ZIP: POLK CITY FL 32808

TITLE: TD  Delete  
 NAME: REYNOLDS, CHARLES  
 STREET ADDRESS: 4510 LK. MARTIN CRIVE  
 CITY-ST-ZIP: ORLANDO FL 32808

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME: Julius Carroll  
 STREET ADDRESS: 2701 Sheringham Rd.  
 CITY-ST-ZIP: Orlando FLA. 32808

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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: *Clorella M. James* Date: *3/21/00* Phone: *(407)877-9555*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #