

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

59-3610748

Applied For

Not Applicable

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Cloretha M. James 3/21/00 (407)877-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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

00042731



DO NOT WRITE IN THIS SPACE