2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 27, 2001 8:00 am DOCUMENT # N99000006439 Secretary of State 03-05-2001 90368 021 ****61.25 CHIEF CORNERSTONE LEARNING CENTER, INC. Principal Place of Business Mailing Address 1146 E. PLANT STREET 1146 E. PLANT STREET 32317 WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3610748 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) JAMES, CLORETHA M 1146 E. PLANT STREET WINTER GARDEN FL 34787 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ☐ Channe JAMES, CLORETHA M NAME NAME STREET ADDRESS 8127 VILLAGE GREEN ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32818 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition JAMES, NORMAN J NAME NAME STREET ADDRESS 8127 VILLAGE GREEN ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32818 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete BELL WILLIE MAE ... NAME NAME STREET ADDRESS 4503 LK: MARTIN LANE: APT. E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 Addition Williams whange TITLE Delete TITLE CARROLL, JULIUS NAME NAME 137 COUNTRY Lake Circle STREET ADDRESS 2701 SHERINGHAM RD STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP moses TITLE Delete Pearl MIKE, JANICE NAME NAME 1600 S.W. US HYWY 27 STREET ADDRESS 1105 ORANGE BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POLK CITY FL 32808 Clermont FlA. 34711 Pameila V. Watts Change TITLE Delete REYNOLDS, CHARLES NAME NAME 271 P.O.Box STREET ADDRESS 4510 LK. MARTIN CRIVE STREET ADDRESS ORLANDO FL 32808 --CITY-ST-ZIP CITY-ST-ZIP 34760 OAKLAND 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

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FILED

AHACHMENT #N9900006439

THESE ARE THE CHANGES FOR THE OFFICERS AND DIRECTORS.

CDELETE:

(D)

CARROLL JULIUS

2701 SHERINGHAM RD

ORLANDO FL. 32808

ADD

(TD)

ANNIE WILLIAMS

137 COUNTRY LAKE CR.

GROVELAND FLA. 34736

(TD)

MIKE JANICE

1105 ORANGE BOULEVARD

POLK CITY FL. 32808

(TD)

PEARL MOSES

1600 S. W. US HYWY 27

CLERMONT FLA. 34711

(TD)

REYNOLDS CHARLES

4510 LK. MARTIN DR.

ORLANDO FLA. 32808