

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0000004

DOCUMENT # N99000006439

1. Entity Name

CHIEF CORNERSTONE LEARNING CENTER, INC.

03-29-2002 91221 009 ****61.25

Principal Place of Business

**1146 E. PLANT STREET
WINTER GARDEN FL 34787**

Mailing Address

**1146 E. PLANT STREET
WINTER GARDEN FL 34787**

2. Principal Place of Business

3. Mailing Address

820 S. Park Ave

Suite, Apt. #, etc.

P.O. Box 783544

City & State

Winter Garden FLA

City & State

Winter Garden FLA

Zip

34787

Country

ORANGE

Zip

34778

Country

ORANGE

4. FEI Number

59-3610748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



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

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

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

TITLE **D** ☐ Delete
NAME **WILLIAM, ANNIE**
STREET ADDRESS **137 CONTRY LAKE CIR.**
CITY-ST-ZIP **GROVELAND FL 34736**

TITLE **TD** ☒ Delete
NAME **MOSES, PEARL**
STREET ADDRESS **1600 SW US HWY 27**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **TD** ☐ Delete
NAME **WATTS, PAMELA V**
STREET ADDRESS **PO BOX 271**
CITY-ST-ZIP **OAKLAND FL 34760**

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 **SD Mitchell Willie mae**
STREET ADDRESS **2815 Spring Hill Ct**
CITY-ST-ZIP **ORLANDO FLA 32808**

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

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 James**

3/19/02 (407)877-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)