

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000023300**1. Entity Name
STUDY ZONE LEARNING CENTERS INC.Principal Place of Business
5415 STATE ROAD 7
MARGATE FL 33068Mailing Address
5415 STATE ROAD 7
MARGATE FL 330682. Principal Place of Business
736 RIVERSIDE DRIVE3. Mailing Address
736 RIVERSIDE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS FLCity & State
CORAL SPRINGS FL4. FEI Number
65-0992931
Applied For
Not ApplicableZip Country
33071 USZip Country
33071 US5. 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**DANZ MURRAY A
10209 SPYGLASS WAYBOCA RATON FL
33498 USName
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 _____ **03/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	S/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	DANZ IRENE D	10209 SPYGLASS WAY	BOCA RATON FL 33498			
	NELSON GEORGE	9610 CONCHSHELL MAMANOR	PLANTATION FL 33324			
	DANZ MURRAY A	10209 SPYGLASS WAY	BOCA RATON FL 33498			

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Irene Danz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S/T 03/23/2001

Date

Daytime Phone #

CR2E034 (11/00)