

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026992

1. Entity Name

E.N. EDUCATORS, INC.

Principal Place of Business

109 WINGED FOOT LANE
BOCA RATON FL 33431

Mailing Address

109 WINGED FOOT LANE
BOCA RATON FL 33431

2. Principal Place of Business

6301 W. Sample Road
Suite, Apt. #, etc.
Coral Springs, FL
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33067

Country

USA

Zip

Country

4. FEI Number

65-0991644

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, ERIK
109 WINGED FOOT LANE
BOCA RATON FL 33431

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

9. 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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
HOFFMAN, ERIK
109 WINGED FOOT LANE
BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
FITZGERALD, NIKKI
109 WINGED FOOT LANE
BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NAME Hoffman, Nikki ☒ Change ☐ Addition

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President, Erik Hoffman

Date

1/4/01 954-757-1114

Daytime Phone #

CR2E034 (10/00)

0300765

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90056 001 ***158.75

700250



DO NOT WRITE IN THIS SPACE



OXFORD ACADEMY

6301 W. Sample Road
Coral Springs, FL 33067

Phone: (954) 757-1114 • Fax: (954) 757-1123

Document # P000000 26992
700250

January 4th, 2001

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 150
Tallahassee, FL 32302-1500

Re: Uniform Business Report—Changes to Officers

Dear Sir or Madam:

Please note that the Vice-President, f/k/a Nikki Fitzgerald, is now known as Nikki Hoffman. She has married and legally changed her name. For verification purposes, her Social Security Number is 351-68-3659.

Thank you.

Sincerely,

Erik Hoffman
Secretary