

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90003 032 \*\*\*150.00

**DOCUMENT # P00000041646**

**1. Entity Name**  
**READING AND MATH SUMMER CAMP, INC.**

**Principal Place of Business**

**8541 CEDAR COVE DRIVE**  
**ORLANDO FL 32819**

**Mailing Address**

**8541 CEDAR COVE DRIVE**  
**ORLANDO FL 32819**

**2. Principal Place of Business**

**5933 Crystal View Dr**

Suite, Apt. #, etc.

**3. Mailing Address**

**5933 Crystal View Dr.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State** **Orlando, FL** **City & State** **Orlando, FL** **4. FEI Number** **59-3641927** **Applied For**

**Zip** **32819** **Country** **USA** **Zip** **32819** **Country** **USA** **5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JOHNSON, PATTI**  
**8541 CEDAR COVE DRIVE**  
**ORLANDO FL 32819**

**7. Name and Address of New Registered Agent**

**Name** **Denise Sullivan**  
**Street Address (P.O. Box Number is Not Acceptable)** **5933 Crystal View Dr.**  
**City** **Orlando** **FL** **Zip Code** **32819**

**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** **Denise Sullivan** **Denise Sullivan, President** **4-2-02**  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>DT</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>JOHNSON, PATTI</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>8541 CEDAR COVE DRIVE</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>ORLANDO FL 32819</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>SULLIVAN, DENISE</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>5933 CRYSTAL VIEW</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>ORLANDO FL 32819</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>SD</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>CONNELL, BILL</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>6909 DR. PHILLIPS BLVD</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>ORLANDO FL 32819</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>VPD</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>TALIAFERRO, DIANE</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>6808 SPRING ROBIN DR</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>ORLANDO FL 32319</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		

**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:** **Denise Sullivan** **Denise Sullivan** **4-2-02** **407-352-8637**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)