

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2001 8:00 am**  
**Secretary of State**

08-15-2001 90003 038 \*\*\*150.00

0022703 AN

**DOCUMENT #** P00000063538

**1. Entity Name**  
**ADVANCED THERAPY & LEARNING CENTER, INC.**

**Principal Place of Business**  
 2819 POLK STREET  
 HOLLYWOOD FL 33020

**Mailing Address**  
 2819 POLK STREET  
 HOLLYWOOD FL 33020

**2. Principal Place of Business**  
 Palm Beach & Martin County  
 Suite, Apt. #, etc.  
 12951 SW Paddock Dr

**3. Mailing Address**  
 P.O. Box 159  
 Suite, Apt. #, etc.

**City & State**  
 Indiantown, FL

**City & State**  
 Indiantown, FL

**Zip**  
 34956

**Country**  
 Martin

**4. FEI Number**  
 65-1032199

**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**  
 SCHINDELER, VINCENT E  
 633 SW 3RD AVE, STE 4-R  
 FT LAUDERDALE FL 33301

**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** \_\_\_\_\_ (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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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**

|   |   |                                 |
|---|---|---------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>SIMMONS, BELKIS J<br>2819 POLK STREET<br>HOLLYWOOD FL 33020 | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>SIMMONS, ROBERT S<br>2819 POLK STREET<br>HOLLYWOOD FL 33020 | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|   |   |  |
|---|---|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>President</b><br>Belkis J Simmons<br>12951 SW Paddock Dr<br>Indiantown, FL 34956       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Vice-President</b><br>Simmons, Roberts<br>12951 SW Paddock Dr.<br>Indiantown, FL 34956 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> 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:** Belkis J Simmons **8/7/01** **561-597-0750**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (5/01)

Attachment DOC # P000000063538 A0081174

August 7, 2001

From: Belkis J. Simmons  
Advanced Therapy & Learning Center, Inc.

To: Division of Corporations  
Uniform Business Report Fillings

Ref: 2001 Uniform Business Report

To Whom It May Concern:

As per our telephone conversation on 8/7/2001, I am sending the 2001 Business Report for "Advanced Therapy & Learning Center, Inc." Please find enclosed a check in the amount of \$150.00. I believe this is the first notice we received. We have moved out of the Hollywood area and have had some difficulties with the mail service.

Please take note of our new physical address:

ADVANCED THERAPY & LEARNING CENTER, INC.  
12951 SW Paddock Dr.  
Indiantown, FL 34956

Mailing Address:

ADVANCED THERAPY & LEARNING CENTER, INC.  
P.O. BOX 159  
INDIANTOWN, FL 34956

Thank you,

*B. J. Simmons*  
Belkis J. Simmons  
President