

2001 UNIFORM BUSINESS REPORT (UBR)

192
 OCT 23 AM 9:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 APPROVED AND FILED

DOCUMENT # **60000085733**

1. Entity Name
Mahan Educational Corp., Inc.

Principal Place of Business: **1800 Capital Cr. Tall, Fl. 32308**
 Mailing Address: **P.O. Box 5424 Tall, Fl. 32314**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country

4. FEI Number 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
Jacqueline L. Carpenter
1800 Capital Cr.
Tallahassee, Fl. 32308

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: **Jacqueline L. Carpenter** DATE: **Oct 23, 2001**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 P NAME STREET ADDRESS CITY-ST-ZIP	Cecil L. Carpenter <input type="checkbox"/> Delete P.O. Box 5424 Tall, Fl 32314
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Jacqueline Carpenter <input type="checkbox"/> Delete P.O. Box 5424 Tall, Fl 32314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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******158.75 ****158.75**

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: **Jacqueline L. Carpenter** Date: **Oct 23, 2001** Daytime Phone #: **402-4107**

CR2E034 (11/00)

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom it Concerns,
I've not received my UBR for the
year 2001 for Mahan Educational
Child Care Center. Reasoning, I believe
is because my address had changed
from 3498 Mahan Dr. to 1800
Capital Cr. N.E. I sent in a letter
to the Dept of State, stating the change
but it was done.

Jacqueline L. Carpenter