

# 2001 UNIFORM BUSINESS REPORT (UBR)

192

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 23 AM 9:49

APPROVED  
AND  
FILED

DOCUMENT # 00000085733

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.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
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*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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SP

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

202

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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