

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000110934

1. Entity Name

ADVENTURE BAY EARLY LEARNING CENTER OF
CORAL SPRINGS, INC.



Principal Place of Business

7900 N UNIVERSITY DRIVE
SUITE 203
TAMARAC, FL 33321 US

Mailing Address

7900 N UNIVERSITY DRIVE
SUITE 203
TAMARAC, FL 33321 US

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07142008 No Chg-P CR2E034 (11/05)

4. FEI Number

83-0377314

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

GREEN, LENORE S
7900 N UNIVERSITY DRIVE
SUITE 203
TAMARAC, FL 33321

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

U00000955707

07/22/08-80002-021 150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.183(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME GREEN, LENORE S
STREET ADDRESS 7900 N UNIVERSITY DRIVE, SUITE 203
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME GREEN, PHILIP C
STREET ADDRESS 7900 N UNIVERSITY DRIVE, SUITE 203
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME HYATT, CHERYL K
STREET ADDRESS 7900 N UNIVERSITY DRIVE, SUITE 203
CITY-ST-ZIP TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lenore S. Green - President* / 7-16-08 / 954-722-6377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #