

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90139 048 ***150.00

DOCUMENT # P93000043333

1. Entity Name
SCHOLAR HOMES, INC.

Principal Place of Business

**2221 LEE RD
 STE 24
 WINTER PARK FL 32789
 US**

Mailing Address

**2221 LEE RD
 STE 24
 WINTER PARK FL 32789
 US**

2. Principal Place of Business

3. Mailing Address

**10649 MASTERS DRIVE
 Suite, Apt. #, etc.**

**ONE YORKDALE ROAD
 Suite, Apt. #, etc. SUITE 510**

City & State
CLERMONT, FLORIDA

City & State
TORONTO, ONTARIO

Zip
34711

Country
USA

Zip
M6A 3A1

Country
CANADA

4. FEI Number
59-3190885

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRATT, JAMES R ESQ.
 GRAHAM, CLARK, JONES, BUILDER, PRATT & MARKS
 369 NORTH NEW YORK AVENUE, 3RD FLOOR
 WINTER PARK FL 32789**

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

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUBIN, LAWRENCE 2221 LEE RD, STE 24 WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SILVER, SHOEL 2221 LEE RD, STE 24 WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, BERNARD 2221 LEE RD, STE 24 WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F FISHER, MATTHEW K 2221 LEE RD, STE 24 WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	L LAWRENCE 2221 LEE RD, STE 24 WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVER 2221 LEE RD, STE 24 WINTER PARK FL 32789	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE YORKDALE RD, STE 510 TORONTO, ON M6A 3A1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE YORKDALE RD, STE 510 TORONTO, ON M6A 3A1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE YORKDALE RD, STE 510 TORONTO, ON M6A 3A1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE YORKDALE RD, STE 510 TORONTO, ON M6A 3A1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE YORKDALE RD, STE 510 TORONTO, ON M6A 3A1
TITLE NAME STREET ADDRESS 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:

SIGNATURE REQUIRED

22 April 2002

(416) 785-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)