

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000031661

FILED
Apr 15, 2002 8:00 AM
Secretary of State

Entity Name: TUTOR TIME REALTY, INC.

Current Principal Place of Business:

621 NW 53RD STREET
#450
BOCA RATON, FL 33487

Current Mailing Address:

621 NW 53RD STREET
#450
BOCA RATON, FL 33487

New Principal Place of Business:

621 NW 53RD STREET
#600
BOCA RATON, FL 33487

New Mailing Address:

621 NW 53RD STREET
#600
BOCA RATON, FL 33487

FEI Number: 65-0486879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, IRA L
621 NW 53RD STREET
SUITE 450
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

YOUNG, IRA L
621 NW 53RD STREET
SUITE 600
BOCA RATON, FL 33487 US

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:

04/15/2002

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPS (X) Delete
Name: SCHILLER, MARK
Address: 621 NW 53RD STREET SUITE 450
City-St-Zip: BOCA RATON, FL 33487

Title: VP () Delete
Name: GENT, WILLIAM
Address: 621 NW 53RD STREET SUITE 450
City-St-Zip: BOCA RATON, FL 33487

Title: PT () Delete
Name: NOVAS, ALFRED R
Address: 621 NW 53RD STREET SUITE 450
City-St-Zip: BOCA RATON, FL 33487

Title: VP (X) Delete
Name: ROOREGUEZ, JACQUELINE B
Address: 621 NW 53RD STREET SUITE 450
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GENT, WILLIAM
Address: 621 NW 53RD STREET SUITE 600
City-St-Zip: BOCA RATON, FL 33487

Title: PT (X) Change () Addition
Name: DAVIS, WILLIAM D
Address: 621 NW 53RD STREET SUITE 600
City-St-Zip: BOCA RATON, FL 33487

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D. DAVIS

MR.

04/15/2002

Electronic Signature of Signing Officer or Director

Date