

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029119

1. Entity Name

CENTRAL FLORIDA CAREER INSTITUTE, INC.

FILED

Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90042 001 *****8.75

04-03-2000 90042 002 ***150.00

Principal Place of Business

Mailing Address

2487 SOUTH VOLUSIA AVENUE
STE 109
ORANGE CITY FL 32763

2487 SOUTH VOLUSIA AVENUE
STE 109
ORANGE CITY FL 32763-7607

12857

2. Principal Place of Business

3. Mailing Address

230 N. Woodland Blvd

230 N. Woodland Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 310

Suite 310

City & State

City & State

Deland FL

Deland FL

Zip

Country

Zip

Country

32720

USA

32720

USA

4. FEI Number

65-0675930

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

ANGLEY, JOSEPH T DR
2487 S VOLUSIA AVE
STE 109
ORANGE CITY FL 32763

Name

Street Address (P.O. Box Number is Not Acceptable)

230 N Woodland Blvd

Suite 310

City

Deland, FL

FL

Zip Code

32720

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 DR JOSEPH T. ANGLEY

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

(NOTE: Registered Agent Signature required when reinstating)

2-3-2000

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, 2000 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 D ☐ Delete
NAME ANGLEY, JOSEPH T
STREET ADDRESS 108 JAMES POND COURT
CITY-ST-ZIP DEBARY FL 32713

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ANGLEY, ELIZABETH
STREET ADDRESS 108 JAMES POND COURT
CITY-ST-ZIP DEBARY FL 32713

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-2000

Date

904 740 1215

Daytime Phone #

CR2E034 (9/99)