

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000041854

1. Entity Name

KIDSTOWN LEARNING CENTER, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90043 028 \*\*\*150.00

Principal Place of Business

Mailing Address

3137 MEDINAH CIR E  
LAKE WORTH FL 33467

3137 MEDINAH CIR E  
LAKE WORTH FL 33467-1346

2. Principal Place of Business

3. Mailing Address

3126 Medinah Circle East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0592306

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POUPORE, PAULA  
3137 MEDINAH CIR E  
LAKE WORTH FL 33467

Name

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

3126 Medinah Circle East

City

Lake Worth

FL

Zip Code

33467

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, 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 ☐ Delete  
NAME D  
STREET ADDRESS POUPORE, PAULA  
CITY-ST-ZIP 3137 MEDINAH CIR E  
LAKE WORTH FL 33467

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3126 Medinah Circle East  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS COOLEY, PATRICIA  
CITY-ST-ZIP 3137 MEDINAH CIRCLE E  
LAKE WORTH FL 33467

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8825 Downing Street  
CITY-ST-ZIP Boynton Beach, FL 33437

TITLE ☒ Delete  
NAME P  
STREET ADDRESS POUPORE, JOHN L  
CITY-ST-ZIP 42156 PELLSTON  
NORTHVILLE MI 48167

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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

Date

Daytime Phone #

CR2E034 (9/99)