

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079380

1. Entity Name

BRIGHT FUTURE EARLY LEARNING CENTER, INC.

**FILED**  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90086 028 \*\*\*150.00

0493781

Principal Place of Business

3811 CORAL SPRINGS DR  
CORAL SPRINGS FL 33065

Mailing Address

5041 N.W. 97TH DRIVE  
CORAL SPRINGS FL 33076-2458

2. Principal Place of Business

8409 TIBET BUTLER DR

3. Mailing Address

8409 TIBET BUTLER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINDERMERE FL

City & State

WINDERMERE FL

4. FEI Number

65-0617972

Applied For

Not Applicable

Zip

34786

Country

CHANCE

Zip

34786

Country

CHANCE

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOPE, DENNIS

5041 N.W. 97TH DRIVE  
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name

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

8409 TIBET BUTLER DR

City

WINDERMERE

FL

Zip

34786

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

4-23-01

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, 2001 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

TITLE **DPS** ☐ Delete  
NAME **MOPE, DENNIS**  
STREET ADDRESS **5041 N.W. 97TH DRIVE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8409 TIBET BUTLER DR**  
CITY-ST-ZIP **WINDERMERE, FL 34786**

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

TITLE ☐ Change ☐ Addition  
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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 #

PRO

4-23-01

407909627

CR2E034 (10/00)