

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008371

1. Entity Name

OXFORD EARLY LEARNING CENTERS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90117 026 ***158.75

Principal Place of Business

Mailing Address

2455 E. SUNRISE BLVD.
 PH - S
 FT. LAUDERDALE FL 33304

2455 E. SUNRISE BLVD.
 PH - S
 FT. LAUDERDALE FL 33304-3116

2. Principal Place of Business

11950 NW 39 ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE D

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

Zip

33065

Country

USA

Zip

Country

4. FEI Number

65-0825543

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRITIKUS, JOY H
 2455 E. SUNRISE BLVD.
 PH-S
 FT. LAUDERDALE FL 33304

Name

Ernest N. Burson, III

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

11950 NW 39 ST - SUITE D

City

CORAL SPRINGS

FL

Zip Code

33065

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

4/28/00

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 NAME STREET ADDRESS CITY-ST-ZIP	CEOD BURSON, E.N. III 3227 NE 38TH STREET FT. LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPILOTROS, DENNIS P 11791 ROYAL PALM BLVD., #202 CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRITIKUS, JOY H 811 SE 22ND AVE., #11 POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MATTHEWS, REBECCA J 4554 NW 16TH TERRACE TAMARAC FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2825 CORAL SHORES DR FORT LAUDERDALE, FL 33306	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 954-344-2451

CR2E034 (9/99)