

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012778

1. Entity Name

NOAH'S ARK, A CHILD'S LEARNING CENTER, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90478 037 ***158.75

Principal Place of Business

14563 OKEECHOBEE ROAD
LOXAHATCHEE FL 33470

Mailing Address

14563 OKEECHOBEE ROAD
LOXAHATCHEE FL 33470

00024263



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2748 YARMOUTH DR

Suite, Apt. #, etc.

3. Mailing Address

2748 YARMOUTH DR

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Wellington, FL

4. FEI Number

65-0732163

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33414

Country

USA

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

BOSLEY, JAMES R
2748 YARMOUTH DRIVE
WELLINGTON FL 33414

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOSLEY, JAMES R
2748 YARMOUTH DRIVE
WELLINGTON FL 33414 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WOLFORD, DOYLE W
14563 OKEECHOBEE ROAD
LOXAHATCHEE FL 33470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
13515 Northumberland Circle
Wellington, FL 33414

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ 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: JAMES R BOSLEY JAMES R Bosley

3/8/01

Date

561 640-3700

Daytime Phone #

CR2E034 (10/00)