

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State
 09-18-2000 90039 038 ***550.00

DOCUMENT # P97000043876

1. Entity Name
WINGS OF LEARNING, INC

Principal Place of Business

~~49 TROPICAL ISLES CIR~~
 FT PIERCE FL 34982

Mailing Address

~~49 TROPICAL ISLES CIR~~
 FT PIERCE FL 34982

2. Principal Place of Business

800 VIRGINIA AVE.

3. Mailing Address

800 VIRGINIA AVE

Suite, Apt. #, etc.

Suite 61

Suite, Apt. #, etc.

Suite 61

City & State

FORT PIERCE, FL.

City & State

FORT PIERCE FL.

Zip

34982

Country

U.S.A

Zip

34982

Country

U.S.A

6. Name and Address of Current Registered Agent

GREENE, BARBARA L

~~49 TROPICAL ISLES CIR~~
 FT PIERCE FL 34982

7. Name and Address of New Registered Agent

Name

BARBARA GREENE-YAKAVONIS

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

222 SEA CONCH PLACE

City

FORT PIERCE

FL

Zip Code

34982

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	PROFIT, BARBARA A	
STREET ADDRESS	49 TROPICAL ISLES CIR	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENE, BARBARA L	
STREET ADDRESS	49 TROPICAL ISLES CIR	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAKAVONIS/GREENE BARBARA	
STREET ADDRESS	222 SEA CONCH PLACE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	RUTH HOLBROOK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9909 S. INDIAN RIVER DR	
STREET ADDRESS	FORT PIERCE, FL 34982	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)