

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054569

1. Entity Name

ADVENTURE BAY EARLY LEARNING CENTER OF WESTON, I

Principal Place of Business

Mailing Address

4500 W. SAMPLE RD.
COCONUT CREEK FL 33063

4500 W. SAMPLE RD.
COCONUT CREEK FL 33073-3459

2. Principal Place of Business

16098 W. State Road 84

3. Mailing Address

16098 W. State Road 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip
33326

Country
USA

Zip
33326

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0765656

Applied For

Not Applicable

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

GREEN, LENORE
4500 W. SAMPLE RD.
COCONUT CREEK FL 33063

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, 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 D ☐ Delete
NAME GREEN, LENORE
STREET ADDRESS 5648 NW 88TH TERR.
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☒ Change ☐ Addition
NAME P/D Green, Lenore
STREET ADDRESS 5648 N.W. 88TH Terrace
CITY-ST-ZIP Coral Springs, FL 33067

TITLE D ☐ Delete
NAME GREEN, PHILLIP
STREET ADDRESS 5648 NW 88TH TERR.
CITY-ST-ZIP CORAL SPRINGS FL 33067

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

TITLE D ☐ Delete
NAME STEINBERG, LAWRENCE I
STREET ADDRESS 8071 BUTTONWOOD CIR.
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE D ☐ Delete
NAME STEINBERG, JUDITH M
STREET ADDRESS 8071 BUTTONWOOD CIR.
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME S Roth, Doris
STREET ADDRESS 19805 Hampton Drive
CITY-ST-ZIP Boca Raton, FL 33434

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

4-15-2000

Date

954-344-9629

Daytime Phone #

CR2E034 (9/99)