

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000059688**

1. Entity Name

CEDARVIEW LEARNING CENTERS, INC.

Principal Place of Business

**5398 SCHOOL RD
NEW PORT RICHEY FL 34652
US**

Mailing Address

**5398 SCHOOL RD
NEW PORT RICHEY FL 34652
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3454745**

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

**WIGGINS, KELLY
7116 FIRESIDE DRIVE
PORT RICHEY FL 34668**

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 PD ☐ Delete
NAME MARTIN, BONNIE M
STREET ADDRESS 6917 NARRA ST
CITY-ST-ZIP NEW PORT RICHEY FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME MARTIN, JOHN B
STREET ADDRESS 6917 NARRA ST
CITY-ST-ZIP NEW PORT RICHEY FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SD ☒ Delete
NAME JULIAN, KIMBERLY
STREET ADDRESS 9221 CRESTON AVENUE
CITY-ST-ZIP NEW PORT RICHEY FL 34654TITLE SD ☒ Change ☐ Addition
NAME Kimberly Bradford
STREET ADDRESS 9221 Creston Ave
CITY-ST-ZIP New Port Richey FL 34654TITLE TD ☐ Delete
NAME WIGGINS, KELLY
STREET ADDRESS 7116 FIRESIDE DR
CITY-ST-ZIP PORT RICHEY FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *Kelly Wiggins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-01

Date

7278170515

Daytime Phone #

0422213

CR2E034 (10/00)