

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90195 045 ***150.00

DOCUMENT # P98000055402

1. Entity Name

NORTHTREE LEARNING CENTER, INC.

Principal Place of Business

6520 NORTH TREE BLVD
 LAKE WORTH FL 33467

Mailing Address

222 LAKEVIEW AVENUE SUITE 260
 WEST PALM BEACH FL 33401-6147

00089323



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0868922**

Applicable
 Fee Applicable

Zip Country Zip Country

5. Cert. Code of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, TERRY
6520 NORTH TREE BLVD
LAKE WORTH FL 33467

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. This 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 of the registered office or registered agent or both (delete as appropriate) (DATE: Registered agent or director must be at the time of filing)

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. OFFICERS AND DIRECTORS	12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN:
TITLE: <input type="checkbox"/> Delete NAME: SULLIVAN, TERRY STREET ADDRESS: 6520 NORTH TREE BLVD CITY, ST, ZIP: LAKE WORTH FL 33467	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CORPORATE REPORT

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(c), Florida Statutes. I further certify that the information included 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 state or local government, and I declare 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 alternate page with an address, with or without the empowered

SIGNATURE: *Terry Sullivan*
 SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date