

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105382

1. Entity Name
CURRICULUM CONNECTIONS, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State
01-20-2000 90222 003 ***150.00

Principal Place of Business Mailing Address
~~4772 W. COMMERCIAL BLVD.~~ ~~4772 W. COMMERCIAL BLVD.~~
~~TAMARAC FL 33319~~ ~~TAMARAC FL 33319~~
16049 NW 1st COURT 16049 NW 1st COURT
PLANTATION, FL 33324 PLANTATION, FL 33324

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4. FEI Number 65-0893275 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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. ☐ 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	PD	<input type="checkbox"/> Delete
NAME	MAY, RHONDA S	
STREET ADDRESS	4772 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERRY, ROBERT D	
STREET ADDRESS	4772 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BERRY, JANEY L	
STREET ADDRESS	4772 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)