

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038144

1. Entity Name

ADVENTURE BAY EARLY LEARNING CENTER OF MIRAMAR,

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90049 024 ***150.00

Principal Place of Business

Mailing Address

10141 CLEARY BLVD.
PLANTATION FL 33324

10141 CLEARY BLVD.
PLANTATION FL 33324-1066

2. Principal Place of Business

10950 Pembroke Road

3. Mailing Address

10950 Pembroke Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miramar

City & State

Miramar, FL

City & State

Miramar, FL

4. FEI Number

65-0918801

Applied For

Not Applicable

Zip

33025

Country

USA

Zip

33025

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, LENORE S
10141 CLEARY BLVD.
PLANTATION FL 33324

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.
(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

TITLE ☐ Delete
NAME D
STREET ADDRESS GREEN, LENORE S
CITY-ST-ZIP 10141 CLEARY BLVD.
PLANTATION FL 33324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME P/O
STREET ADDRESS Green, Lenore S,
CITY-ST-ZIP 10950 Pembroke Road
Miramar, FL 33025

TITLE ☐ Change ☒ Addition
NAME S/O
STREET ADDRESS Cheryl Gold
CITY-ST-ZIP 10950 Pembroke Road
Miramar, FL 33025

TITLE ☐ Change ☒ Addition
NAME T/O
STREET ADDRESS Karen Dallas
CITY-ST-ZIP 10950 Pembroke Road
Miramar, FL 33025

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

TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

4-15-2000

954-441-4488

CR2E034 (9/99)