

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90390 050 \*\*\*150.00

**DOCUMENT # P99000038144**

1. Entity Name

**ADVENTURE BAY EARLY LEARNING CENTER OF MIRAMAR, INC.**

Principal Place of Business

**10950 PEMBOKE ROAD  
MIRAMAR FL 33025**

Mailing Address

**10950 PEMBOKE ROAD  
MIRAMAR FL 33025**

2. Principal Place of Business

3. Mailing Address

**9400 W. Sample Road**

Suite, Apt. #, etc.

**116**

City & State

**Coconut Creek, FL**

Zip

Country

Zip

Country

**33073**

**Broward**

4. FEI Number

**65-0918801**

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 S  
10141 CLEARY BLVD.  
PLANTATION FL 33324**

Name

**Green, Lenore S.**

Street Address (P.O. Box Number is Not Acceptable)

**9400 W. SAMPLE ROAD**

**SUITE 116**

City

**Coconut Creek**

**FL**

Zip Code

**33073**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GREEN, LENORE S 10141 CLEARY BLVD. PLANTATION FL 33324</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GOLD, CHERYL 10950 PEMBROKE ROAD MIRAMAR FL 33025</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DALLAS, KAREN 10950 PEMBROKE ROAD MIRAMAR FL 33025</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**Lenore S. Green**

Date

Daytime Phone #

**4-8-02 954-972-6221**

CR2E034 (9/01)