

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045757

1. Entity Name

MY SCHOOL LEARNING CENTER OF STUART, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90042 039 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1675 PALM BEACH LAKES BLVD. STE. 700~~  
~~WEST PALM BEACH FL 33401~~

~~1675 PALM BEACH LAKES BLVD. STE. 700~~  
~~WEST PALM BEACH FL 33401~~

A0029512

2. Principal Place of Business

3. Mailing Address

370 Florida St  
Suite, Apt. #, etc.

4411 Shumard Oak Court  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Stuart, FL

City & State  
Orlando FL

4. FEI Number  
65-0919897

Applied For  
Not Applicable

Zip Country  
USA

Zip Country  
32808 USA

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

CLAYTON, BARRY L  
1675 PALM BEACH LAKES BLVD. STE. 700  
WEST PALM BEACH FL 33401

Name Patricia W. Brown  
Street Address (P.O. Box Number is Not Acceptable)  
4411 Shumard Oak Court  
City Orlando FL Zip Code 32808

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 Patricia W. Brown, Registered Agent 3-10-2000  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, PATRICIA W 3745 WINDOVER DRIVE HAMBURG NY 14075	<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"/> Delete
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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
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
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 empowerments.

SIGNATURE: Patricia W. Brown  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-2000 716 7435169  
Date Daytime Phone #

CR2E034 (9/99)