

2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90023-003-\$155.00-\$155.00

DOCUMENT # P99000062379

1. Entity Name
EDUCAMP CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT 18 AM 11:30

Principal Place of Business
7344 SWALLOW RUN
WINTER PARK FL 32792

Mailing Address
7344 SWALLOW RUN
WINTER PARK FL 32792



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7344 Swallow Run

3. Mailing Address

Suite, Apt., #, etc.

Winter Park, FL

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number

52-2178072

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALMEIDA, MILDRED
7344 SWALLOW RUN
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name

Mildred Almeida

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

7344 Swallow Run

City

Winter Park

FL

Zip Code

32792

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

Mildred Almeida

9/13/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME
Mildred Almeida, CEO
STREET ADDRESS
7344 Swallow Run
CITY-ST-ZIP
Winter Park, FL 32792

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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)(l), 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: Mildred Almeida REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/13/00

CR2E034 (5/00)

attachment P99.000 062 379
DW86798

EduCamp Corp.

7344 Swallow Run
Winter Park, FL
32792

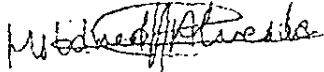
Tuesday, September 12, 2000

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

As instructed by your office, we are re-sending the Uniform Business Report form, which was originally sent to you last April 30th with an enclosed check for the \$150.00 fee. The check nor our UBC has been processed and we never got any acknowledgement of the same; therefore, we ask that you please waive the late fee as we made numerous to inquire, and were told that due to high volumes your office could not give us a status and that we had to wait so we did.

Thankful of you,



Mildred Almeida, CEO