2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082568 Jun 08, 2000 8:00 am 1. Entity Name **Secretary of State** BRIGHTER SPOT LEARNING CENTER, INC. 06-08-2000 90007 020 ***150.00 Principal Place of Business Mailing Address 1108 PEACHTREE STREET 1108 PEACHTREE STREET COCOA FL 32922-8639 COCOA FL 32922 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For FE Number City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PLANTER, ELMORE Street Address (P.O. Box Number is Not Acceptable) 1108 PEACHTREE STREET COCOA FL 32922 Zip Code City FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees --- (See criteria on back)_ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President ☐ Change Addition Delete TITLE PLANTER NAME ELMORE NAME 2414 ABALONE BLUD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32833 ORLANDO FL Addition ☐ Delete TITLE DIRECTOR [] Change TITLE NAME NAME CAROLYN FERGUSON STREET ADDRESS STREET ADDRESS 15 N HUNTINATION LN CITY-ST-7IP CITY-ST-ZIP 32955 Change ☐ Addition TITLE Delete TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change notitible . TITLE ☐ Delete mile NAME * STREET ADDRESS STREET AODRESS CITY-ST-ZIP 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