

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-20-2002 90058 038 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000093167**

1. Entity Name

BRIGHT IDEAS LEARNING CENTER, INC.

Principal Place of Business

**810 N. CENTRAL AVE
UMATILLA FL 32784**

Mailing Address

**810 N. CENTRAL AVE
UMATILLA FL 32784**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3604573**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROGERS, TONYA S
19600 SALTS DALE RD
UMATILLA FL 32784**

7. Name and Address of New Registered Agent

Name **Barbara Grinstead**Street Address (P.O. Box Number is Not Acceptable)
23870 SE Hwy 42City **Altamonte Springs****FL**Zip Code **32702**

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

Barbara Grinstead

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Barbara Grinstead**4/8/02**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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROGER, TONYA S	
STREET ADDRESS	19600 SALTS DALE RD	
CITY-ST-ZIP	UMATILLA FL 32784	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROGER, LYMAN G JR	
STREET ADDRESS	19600 SALTS DALE RD	
CITY-ST-ZIP	UMATILLA FL 32784	

TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, EDELL E	
STREET ADDRESS	W DEMKO RD	
CITY-ST-ZIP	ALTOONA FL 32702	

TITLE	D	<input type="checkbox"/> Delete
NAME	Grinstead, Barbara L	
STREET ADDRESS	23870 SE Hwy 42	
CITY-ST-ZIP	Altamonte, FL 32702	

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Day/Time Phone #

CR2E034 (9/01)