

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097620

1. Entity Name

FLORIDA ATLANTIC LEARNING CENTER, INC.

01-20-2000 90143 013 ***150.00

P99000097620

FILED

SECRETARY OF STATE
DIVISION OF CORPORATION

00 AUG 29 AM 6:40



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6662 BOCA DEL MAR DRIVE #714
BOCA RATON FL 33433

6662 BOCA DEL MAR DRIVE #714
BOCA RATON FL 33433-5720

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

See attached

☒ 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

LAFFERTY, GERALD F
6662 BOCA DEL MAR DRIVE #714
BOCA RATON FL 33433

Name

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

City

FL

Zip Code

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's 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	<input type="checkbox"/> Delete
	Lafferty, Gerald F	6662 Boca Del Mar Drive #714	BOCA RATON FL 33433	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Sandra Mae Tsurutome	1398 SW 14 Drive	Boca Raton, FL 33486	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Donna L. McCaffrey	3908 S Ocean Blvd M128	Highland Beach, FL 33487	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Gerald F. Lafferty Gerald F. Lafferty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/00 (561) 297-3564

Daytime Phone #

CR2E034 (9/99)

2053

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Florida Atlantic Learning Center Inc.
Ref. Number: P99000097620
RE: Letter Number : 900A00044222

Dear Mr. Toner:


I appreciate you responding to the above references so quickly. I have applied for the corporation's FEI number - See attached application form.

The title of each officer/director is as follows:

Gerald F. Lafferty - President
Sandra Mae Tsurutome - Treasurer
Donna L. McCaffrey - Secretary

If you need any additional information, please contact me at 561 297-3564.

Sincerely,



Gerald F. Lafferty
President

August 2, 2000

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

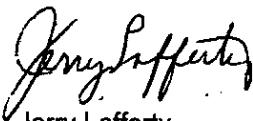
Re: Document # P99000097620
Florida Atlantic Learning Center, Inc.

To Whom It May Concern:

This past week I received a **Second Notice** to file our annual report/uniform business report for the above referenced corporation. Unfortunately there appears to be a misunderstanding on our part as the requirement to have a Federal Employer Identification (FEI) number. In January I sent you the necessary form along with a check for \$150.00. In February I received a letter indicating that our report was not filed due to not having a FEI Number. At that time a phone call was made to the number listed on the letter (850) 488-9000 to explain to your office that we **do not have any employees**, that there are **no monies** in an account, **no monies** being distributed and that we are a **corporation in name only**. At that time I was told that they would fill in the space with a NA (Not Applicable). Now I have received this **second notice** letter indicating that our phone call was in vain and ignored and that we still need to obtain a FEI Number and file before September 13 at a cost of \$550.00. If I was given the wrong information from our phone call and we must have a FEI Number then we will do so immediately, but feel that we should not have to pay the additional fee. I called your office again yesterday to explain this to them and I was asked to put it in writing. I would appreciate a reply as soon as possible and hope that this can be cleared up without having to send an additional fee.

I thank you in advance for your assistance in clearing this up for us. Please respond to me at the address listed below.

Sincerely,



Jerry Lafferty
6662 Boca Del Mar Drive, #714
Boca Raton, FL 33433

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► **Keep a copy for your records.**

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) Florida Atlantic Learning Center, Inc	
2 Trade name of business (if different from name on line 1) Same as above	3 Executor, trustee, "care of" name care of: Gerald F. Lafferty
4a Mailing address (street address) (room, apt., or suite no.) 6662 Boca Del Mar Dr. #714	5a Business address (if different from address on lines 4a and 4b) NA
4b City, state, and ZIP code Boca Raton, FL 33433	5b City, state, and ZIP code NA
6 County and state where principal business is located Palm Beach County - State of Florida	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► Gerald F. Lafferty SS# 483-40-7725	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN)
<input type="checkbox"/> Partnership
<input type="checkbox"/> REMIC
<input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization
<input type="checkbox"/> Other nonprofit organization (specify) ►
<input type="checkbox"/> Other (specify) ► | <input type="checkbox"/> Personal service corp.
<input type="checkbox"/> National Guard
<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Plan administrator (SSN)
<input checked="" type="checkbox"/> Other corporation (specify) ► Education Consulting
<input type="checkbox"/> Trust
<input type="checkbox"/> Federal government/military |
|---|--|

8b If a corporation, name the state or foreign country (if applicable) where incorporated
State **Florida** Foreign country

9 Reason for applying (Check only one box.) (see instructions)
☒ Started new business (specify type) ► **Educational Consulting**
☐ Hired employees (Check the box and see line 12.)
☐ Created a pension plan (specify type) ►

☐ Banking purpose (specify purpose) ►
☐ Changed type of organization (specify new type) ►
☐ Purchased going business
☐ Created a trust (specify type) ►
☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)
1/04/00

11 Closing month of accounting year (see instructions)
12/30/00

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)
None paid

13 Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural 0	Agricultural 0	Household 0
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14 Principal activity (see instructions) ► **Consulting - No activity at this time - only established name and officers**

15 Is the principal business activity manufacturing?
If "Yes," principal product and raw material used ► ☐ Yes ☒ No

16 To whom are most of the products or services sold? Please check one box.
☐ Public (retail) ☐ Other (specify) ► ☐ Business (wholesale) ☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?
Note: If "Yes," please complete lines 17b and 17c. ☐ Yes ☒ No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
 Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
 Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► **Gerald F. Lafferty, President**

Business telephone number (include area code)
(561) 785-9970
 Fax telephone number (include area code)
561 871-5639

Signature ► *Gerald F. Lafferty* Date ► **8/23/00**
Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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