

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90033 047 ***550.00

DOCUMENT # **H81638**

1. Entity Name
BREVARD LEARNING CLINIC, INC.

Principal Place of Business
~~700 S. DABCOCK ST., SUITE 400~~
~~% PATRICK F. HEALY, PO BOX 2523~~
~~MELBOURNE FL 32901-1152~~

Mailing Address
1499 S. Harbor City Blvd
~~700 S. DABCOCK ST., SUITE 400~~
~~% PATRICK F. HEALY, PO BOX 2523~~
~~MELBOURNE FL 32901-1152~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2611041**
 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
HEALY, PATRICK F.
~~700 S DABCOCK ST., SUITE 400~~
~~MELBOURNE FL 32902-9523~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1499 S. Harbor City Blvd
Melb. FL 32901
 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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JEFFERS, BARBARA C.		NAME	
STREET ADDRESS 353 DAYTON BLVD.		STREET ADDRESS	
CITY-ST-ZIP MELBOURNE VILLAGE FL		CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JEFFERS, JOHN H.		NAME	
STREET ADDRESS 353 DAYTON BLVD.		STREET ADDRESS	
CITY-ST-ZIP MELBOURNE VILLAGE FL		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JEFFERS, DAVID		NAME	
STREET ADDRESS PO 98		STREET ADDRESS 80 Academy	
CITY-ST-ZIP OSISSEE NH		CITY-ST-ZIP Wolfeboro NH 03894	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JEFFERS, JEN		NAME	
STREET ADDRESS 603A S. MATANGAS		STREET ADDRESS 630 Superior	
CITY-ST-ZIP TAMPA FL		CITY-ST-ZIP Tampa FL 33606	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patrick F. Healy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/00 321-676-3024
 Date Daytime Phone #

Attachment Duct# ~~111~~ H81638
A0074253

I thought I'd sent
this back in April.
Do you have no
record of it?

D Jagers