

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

0076677

DOCUMENT # H81638

1. Entity Name

BREVARD LEARNING CLINIC, INC.

03-16-2001 90035 010 ***150.00

Principal Place of Business

Mailing Address

**1499 S HARBOR CITY BLVD
 % PATRICK F HEALY
 MELBOURNE FL 32901**

**1499 S HARBOR CITY BLVD
 % PATRICK F HEALY
 MELBOURNE FL 32901**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1900 S. Harbor City Blvd.

1900 S. Harbor City Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#231

231

City & State

City & State

Melbourne FL

Melbourne FL

4. FEI Number **59-2611041**

Applied For

Not Applicable

Zip

Country

Zip

Country

32901

Bravard

32901

Bravard

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

**HEALY, PATRICK F.
 1499 S HARBOR CITY BLVD
 MELBOURNE FL 32901**

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 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, 2001 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	PT JEFFERS, BARBARA C. 353 DAYTON BLVD. MELBOURNE VILLAGE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEFFERS, DAVID 80 ACADEMY WOLFEBORO NH 03894	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEFFERS, JEN 630 SUPERIOR TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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:

Barbara C. Jeffers, Pres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01
 Date

321-676-3024
 Daytime Phone #

CR2E034 (10/00)