

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90013 008 ****61.25

DOCUMENT # F98000002173

1. Entity Name

THE LEARNING INITIATIVE INCORPORATED

Principal Place of Business

Mailing Address

316 WEST 12TH STREET
 AUSTIN TX 78701-1840

316 WEST 12TH STREET
 AUSTIN TX 78701-1840

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-2859814

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GLEDICH, NICHOLAS DR.
1003 FEATHERSTONE CIR.
OCOOEE FL 34761-3411

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	HOLTZMAN, WAYNE H PH.D	
STREET ADDRESS	316 WEST 12TH STREET	
CITY-ST-ZIP	AUSTIN TX 78701-1840	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLEDICH, NORA F	
STREET ADDRESS	1003 FEATHERSTONE CIR.	
CITY-ST-ZIP	OCOOEE FL 34761-3411	
TITLE	D	<input type="checkbox"/> Delete
NAME	WISNESKI, WILLIAM J	
STREET ADDRESS	786 STRAWBERRY HILL ROAD	
CITY-ST-ZIP	CONCORD MA 01742	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMSON, THOMAS A	
STREET ADDRESS	3400 MT. BONNELL ROAD	
CITY-ST-ZIP	AUSTIN TX 78731-5850	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIAMSON, KATHRYN W	
STREET ADDRESS	3400 MT. BONNELL ROAD	
CITY-ST-ZIP	AUSTIN TX 78731-5850	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, ANGELA	
STREET ADDRESS	9209 SIMMONS ROAD	
CITY-ST-ZIP	AUSTIN TX 78759	

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			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas A. Williamson
THOMAS A. WILLIAMSON, PRESIDENT

01-06-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

512-709-7