

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90041 009 ***150.00

DOCUMENT # J38428
 1. Entity Name
FLORIDA LEARNING CENTERS, INC.

Principal Place of Business Mailing Address
 3183 CAPITAL CIR N.E. 3183 CAPITAL CIR N.E.
 TALLAHASSEE FL 32308 TALLAHASSEE FL 32312-1722



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1410 MARKET ST **1410 MARKET ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STE B-1 **STE B-1**
 City & State City & State
TALLAHASSEE FL **TALLAHASSEE FL**
 Zip Country Zip Country
32312 **USA** **32312** **USA**

4. FEI Number Applied For
59-2728267 Not Applicable

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

6. Name and Address of Current Registered Agent
REDINGER, DIANE M.
3183 CAPITAL CIR NE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent
 Name **DIANE M REDINGER**
 Street Address (P.O. Box Number is Not Acceptable)
1410 MARKET ST STE B-1
 City **TALLAHASSEE** FL **32312**

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 **DIANE M REDINGER, PRESIDENT**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
 DATE **4/7/2000**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	REDINGER, DIANE M.	
STREET ADDRESS	3183 CAPITAL CIR NE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE M REDINGER	
STREET ADDRESS	1410 MARKET ST STE B-1	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
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: **DIANE M REDINGER, PRESIDENT** Date: **4/7/2000** Telephone #: **850/385-8696**

CR2E034 (9/99)