

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 08:00 AM
Secretary of State

DOCUMENT # N41284

1. Entity Name
 LEARN TO READ, INC.

Principal Place of Business 1300 RIVERPLACE BLVD 320-9 JACKSONVILLE 32207 US	Mailing Address 1300 RIVERPLACE BLVD #320-9 JACKSONVILLE 32207 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
23-7153919

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

6. Name and Address of Current Registered Agent

HERNDON RANDALL
 1475 BELVEDERE AVENUE
 JACKSONVILLE FL
 32205 US

7. Name and Address of New Registered Agent

Name
 INMAN SAM

Street Address (P.O. Box Number is Not Acceptable)
 P.O. BOX 2600

City
 JACKSONVILLE FL Zip Code
 32232

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 SAM INMAN DATE 01/08/2001
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTERFIELD CATHY 2972 OLD ORCHARD RD. JACKSONVILLE FL 32257 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FINLEY DARRIN P.O. BOX 929 JACKSONVILLE FL 32231 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDWARDS SANDI 13410 SUTTON PARK DRIVE JACKSONVILLE FL 32224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD INMAN SAM P.O. BOX 2600 JACKSONVILLE FL 32232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNDON RANDALL 1475 BELVEDERE AVENUE JACKSONVILLE FL 32205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSO SHEILA 939 ARBOR LANE JACKSONVILLE FL 32207 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D FINLEY DARRIN P.O. BOX 929 JACKSONVILLE FL 32231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T/D WORLEY MICHELLE 5229 MARLENE AVE. JACKSONVILLE FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S/D RYAN BILL 3000-8 HARTLEY ROAD JACKSONVILLE FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V/D WINTERFIELD CATHY 2972 OLD ORCHARD ROAD JACKSONVILLE FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/D INMAN SAM P.O. BOX 2600 JACKSONVILLE FL 32232

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: SAM INMAN P/D DATE 01/08/2001

CR2E037 (11/00)