

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90362 048 \*\*\*\*61.25

0003178

**DOCUMENT # N41284**

1. Entity Name

**LEARN TO READ, INC.**

Principal Place of Business

Mailing Address

1300 RIVERPLACE BLVD  
 320-9  
 JACKSONVILLE FL 32207  
 US

1300 RIVERPLACE BLVD  
 #320-9  
 JACKSONVILLE FL 32207  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7153919**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INMAN, SAM**  
**P.O. BOX 2600**  
**JACKSONVILLE FL 32232**

Name **Winterfield, Cathy**

Street Address (P.O. Box Number is Not Acceptable)  
**2972 Old Orchard Road**

City **Jacksonville**

**FL**

Zip Code **32257**

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]*  
 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	<b>P/D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>INMAN, SAM</b>	
STREET ADDRESS	<b>P.O. BOX 2600</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32232</b>	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Merritt, Kenyon</b>	
STREET ADDRESS	<b>4306 Venetia Blvd.</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32210</b>	

TITLE	<b>V/D</b>	<input type="checkbox"/> Delete
NAME	<b>WINTERFIELD, CATHY</b>	
STREET ADDRESS	<b>2972 OLD ORCHARD ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Dumbleton, Duane</b>	
STREET ADDRESS	<b>3939 Roosevelt Blvd.</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32205</b>	

TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RYAN, BILL</b>	
STREET ADDRESS	<b>3000-8 HARTLEY ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ramsey, Sandy</b>	
STREET ADDRESS	<b>Treasurer</b>	
CITY-ST-ZIP	<b>12833 Huntley Manor Dr. Jacksonville, FL 32224</b>	

TITLE	<b>T/D</b>	<input type="checkbox"/> Delete
NAME	<b>WORLEY, MICHELLE</b>	
STREET ADDRESS	<b>5229 MARLENE AVE.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FINLEY, DARRIN</b>	
STREET ADDRESS	<b>P.O. BOX 929</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32231</b>	

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

TITLE		<input type="checkbox"/> Delete
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 reports 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:

*[Signature]*  
**D. Samuel Inman**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**January 17, 2002**

Date Daytime Phone #

CR2E037 (9/01)