2001 UNIFORM BUSINESS REPORT (UBR)

TURE AND TYPED OR PRINTED NAME OF SIGNING OFF

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P93000022939** THE LEARNING TREE SCHOOL, INC. 04-30-2001 90098 048 ***150.00 Principal Place of Business Mailing Address 318 E. GIBSON STREET P.O. BOX 95 ARCADIA FL 34266 ARCADIA FL 34266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0394975 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMAS, DONNA S Street Address (P.O. Box Number is Not Acceptable) 318 E. GIBSON STREET ARCADIA FL 34265 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 Fiorida. 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Delete TITLE Change Addition TITLE THOMAS, DONNA S NAME NAME STREET ADDRESS STREET ADDRESS 318 E GIBSON ST CITY-ST-ZIP CITY-ST-ZIP ARCADIA FL 34266 ___ Addition ☐ Delete ☐ Change TITLE TITLE. NAME GERARD, THOMAS J NAME STREET ADDRESS STREET ADDRESS 318 E GIBSON ST CITY-ST-ZIP CITY-ST-ZIP ARCADIA FL 34266 TITLE ☐ Delete TITLE Change | Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THEF ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 repaired 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.