

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077010

1. Entity Name

LEARNING TO LIVE WITH LABOR, INC.

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90015 002 \*\*\*150.00

Principal Place of Business

8390 54TH STREET N.  
 PINELLAS PARK FL 33781

Mailing Address

8390 54TH STREET N.  
 PINELLAS PARK FL 33781

2. Principal Place of Business

701-6750-5th Ave. S.

3. Mailing Address

1851 Winsloe Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St Petersburg, FL

City & State

New Port Richey, FL

4. FEI Number

59-3595199

Applied For

Not Applicable

Zip

33701

Country

USA

Zip

34655

Country

USA

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

VAUGHN-KERNS, KAREN

8390 54TH STREET N.

PINELLAS PARK FL 33781

1851 Winsloe Dr  
 New Port Richey, FL  
 34655

Name

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

1851 WINSLOE DR

City

NEW PORT RICHEY

FL

Zip Code

34655

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

7/15/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | VAUGHN-KERNS, KAREN    |                                 |
| STREET ADDRESS | 8390 54TH STREET N.    |                                 |
| CITY-ST-ZIP    | PINELLAS PARK FL 33781 |                                 |
| 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    |                        |                                 |

|                |                           |                                                                              |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE          |                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |                                                                              |
| STREET ADDRESS | 1851 WINSLOE DR           |                                                                              |
| CITY-ST-ZIP    | NEW PORT RICHEY, FL 34655 |                                                                              |
| 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/00

727-375-9523

CR2E034 (5/00)

# Markovitch And Associates

PROFESSIONAL  
ACCOUNTING &  
TAX SERVICES750 94th Ave. N.  
Suite 210  
St. Petersburg,  
Florida 33702Telephone  
(727) 577-9109  
Fax  
(727) 579-3404

DW79193

August 10, 2000

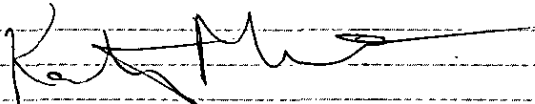
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed please find a completed Uniform Business Report for the year 2000 for Learning to Live with Labor, Inc. (FEI Number 59-3595199). Also enclosed is a check for \$150.00 to be applied to the filing fee.

The taxpayer moved, and never received the original 2000 Uniform Business Report. Please accept the report as filed, with the applicable filing fee.

If you have any questions, please do not hesitate to contact this office.

Sincerely,



Kathy Markovitch, EA

KM/ck

Enc.: 2000 Uniform Business Report  
Check