

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 98 00000 2641  
 1. Entity Name THE COMMUNITY LEARNING CENTER INC  
 DBA - WORLD LITERACY CAUSAL  
 OF PINELLAS COUNTY

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90057 012 \*\*\*\*61.25

Principal Place of Business Mailing Address  
 1611 N. FT. HARRISON AVE SDAVES  
 CLEARWATER, FL  
 33755 - 2425

2. Principal Place of Business 3. Mailing Address  
 1611 N. FT. HARRISON AVE SDAVES  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 CLEARWATER, FL  
 Zip Country Zip Country  
 33755 USA

4. FEI Number Applied For  
 59-3521809 Not Applicable  
 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

HOLLY HAGGERTY  
 1611 N. FT. HARRISON AVE  
 CLEARWATER, FL 33755

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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 Florida

## SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PRESIDENT BEN KUGLER 1611 N. FT. HARRISON AVE. CLEARWATER, FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LOUISE CURNOWEN 1611 N. FT. HARRISON AVE CLEARWATER, FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER HOLLY HAGGERTY 1611 N. FT. HARRISON AVE CLEARWATER, FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JENIE FARRETT 1611 N. FT. HARRISON AVE CLEARWATER, FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RON POLLACK 1611 N. FT. HARRISON AVE CLEARWATER, FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BEN GITA SCAUGHTON 1611 N. FT. HARRISON AVE CLEARWATER, FL 33755	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 21, 2000 7274414444

Date Daytime Phone #

CR2E037 (9/99)