

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 429562**

1. Entity Name

**LEARNING LABORATORIES, INC.****FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90095 034 \*\*\*150.00

Principal Place of Business

Mailing Address

**2316 BRUNER LANE S E  
FORT MYERS FL 33912****2316 BRUNER LANE S E  
FORT MYERS FL 33912-1907**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**36-2614293**

Applied For

Not Applicable

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

**JOHNSON, BROCK F  
16512 HERON COACH WAY  
FT. MYERS FL 33908**

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. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	JOHNSON, BROCK F.	16512 HERON COACH WAY	FT MYERS FL 33908				
D	JOHNSON, H.STANLEY JR.	2498 HARBOUR LANE	SANIBEL FL				
VD	KENWORTHY, JAY E	15333 IONA LAKES DR	FT MYERS FL 33908				
S	JOHNSON, NANCY B.(ASST)	2498 HARBOUR LANE	SANIBEL FL				
TD	SADLER, CYNTHIA A	3311 14TH ST S.W.	LEHIGH FL 33971				
VD	SADLER, CNTHIA A	3311 14TH ST. S.W.	LEHIGH FL 33971				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Cynthia A. Sadler*

Cynthia A. Sadler

01/06/00

(941)489-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #