

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 429562

1. Entity Name

LEARNING LABORATORIES, INC.

Principal Place of Business

2316 BRUNER LANE S E  
FORT MYERS FL 33912

Mailing Address

2316 BRUNER LANE S E  
FORT MYERS FL 33912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-2614293

Applied For  
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

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, BROCK F.	
STREET ADDRESS	16512 HERON COACH WAY	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, H.STANLEY JR.	
STREET ADDRESS	2498 HARBOUR LANE	
CITY-ST-ZIP	SANIBEL FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KENWORTHY, JAY E.	
STREET ADDRESS	15333 IONA LAKES DR	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, NANCY B.(ASST)	
STREET ADDRESS	2498 HARBOUR LANE	
CITY-ST-ZIP	SANIBEL FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SADLER, CYNTHIA A	
STREET ADDRESS	331 14TH ST S.W.	
CITY-ST-ZIP	LEHIGH FL 33971	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SADLER, CNTHIA A	
STREET ADDRESS	3311 14TH ST. S.W.	
CITY-ST-ZIP	LEHIGH FL 33971	

TITLE	Owner/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Brock F.	
STREET ADDRESS	16512 Heron Coach Way	
CITY-ST-ZIP	FL Myers FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hibbels, Gary S.	
STREET ADDRESS	1310 S.E. 30th Street	
CITY-ST-ZIP	Cape Coral FL 33904	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cindy Sadler

03/06/01

Date

(941)489-0330

Daytime Phone #

CR2E034 (10/00)