

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90020 048 ***150.00

DOCUMENT # 526058

1. Entity Name

LEARNING PUBLICATIONS, INC.

Principal Place of Business

5351 GULF DR.
P. O. BOX 1338
HOLMES BEACH FL 34218

Mailing Address

5351 GULF DR.
P. O. BOX 1338
HOLMES BEACH FL 34218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1686365

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ERICKSON, RUTH
5351 GULF DR
HOLMES BEACH FL 34217

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 D ☐ Delete
NAME VONK, JOHN
STREET ADDRESS 125 S. 6TH ST.
CITY-ST-ZIP LASALLE CD 80645

TITLE ☒ Change ☐ Addition
NAME John Vonk
STREET ADDRESS 1351 56th Ave.
CITY-ST-ZIP Greeley CO 80634

TITLE TS ☐ Delete
NAME ERICKSON, RUTH
STREET ADDRESS 4748 INDEPENDENCE
CITY-ST-ZIP BRADENTON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME MCEROY, ALAN
STREET ADDRESS 6436 GREEN RIDGE AVE
CITY-ST-ZIP NEW CARLISLE OH

TITLE ☒ Change ☐ Addition
NAME Alan McEvoy
STREET ADDRESS 1395 Williams Mary Ct.
CITY-ST-ZIP Yellow Springs OH 45387

TITLE D ☐ Delete
NAME MCGEE, WAYNE
STREET ADDRESS 650 KEY ROYALE DRIVE
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FRITZ, ERICKSON
STREET ADDRESS 1113 12TH AVENUE
CITY-ST-ZIP HOUGHTON MI 49003

TITLE ☒ Change ☐ Addition
NAME Fritz Erickson
STREET ADDRESS 705 Sunrise Dr
CITY-ST-ZIP Cheney WA 99004

TITLE D ☐ Delete
NAME SCOTT, JOHN
STREET ADDRESS 962 WHITTIER RD
CITY-ST-ZIP EAST LANSING MI 48823

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)