

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90035 026 \*\*\*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**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**  
**59-1686365**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ERICKSON, RUTH**  
**5351 GULF DR**  
**HOLMES BEACH FL 34217**

**7. Name and Address of New Registered Agent**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **VONK, JOHN**  
**STREET ADDRESS** **1351 56 AV**  
**CITY-ST-ZIP** **GREELEY CO 80634**

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

**TITLE** **P** ☐ Delete  
**NAME** **MCEROY, ALAN**  
**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** **D** ☐ Delete  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **Ingrid Trimberger**  
**STREET ADDRESS** **2255 Greenview SW**  
**CITY-ST-ZIP** **Wyoming MI 49509**

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

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

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**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:**

**RUTH ERICKSON**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-02

941 778-6651

CR2E034 (9/01)