## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 689915

1. Corporation Name

THE LEARNING TREE CHILDCARE PRESCHOOL, INC.

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90080 006 \*\*\*150.00

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		Mailing Address						
7702 BENEVA ROAD		7702 BENEVA ROAD						
SARASOTA FL 34238		SARASOTA FL 34238			DO NOT WRITE IN THIS SPACE			
						3FAUL		7
					3. Date incorporated or Qualifed 10/01/1980			ļ
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ι Ι Δ	pplied For	i
<b>⊢</b> '	ace of business	2a. Mailing Address			•	<del></del>		ł
21		26			59-2033215		ot Applicable	┨
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional	Į
22 27							equired	<del> </del>
City & State City & State					6. Election Campaign Financing \$5.00 May Be			1
23 28					Trust Fund Contribution	Added	to Fees	1
Zip				у	8. This corporation owes the current year Int	angible		ĺ
24	25	29 30	!		Personal Property Tax.	Yes	□No	ļ
	9. Name and Address of Current	<del></del>			10. Name and Address of New Registered	Agent		]
			81	1 Name	· 4: ) . 1 O 1	O a		
CHRISTIANSEN, DEHNER & DART,PA			ļ	Ch	retearder and tehner.	<u>. ري جو</u>	<u> </u>	4
1487		82	2 Street Ac	Idress (P.O. Box Number is Not Acceptable)	ł		1	
	ASOTA FL 33577		<u> </u>	<u> 63</u>	Sarasata Center Blod	•		-
) Only	4001A 1 E 30311		83	3	ta)107			1
}			84	4 City		85 Zip	Code	1
Ì					(a sata) · FL	.   34	240	1
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, t	he abo	ve-named co	proporation submits this statement for the purpose of	changing its	s registered	7
Office or n	agistared seent or both in the State (	ot Florida. Such change was autho	inzea ni	v tne comor:	ation's board of directors. I hereby accept the appoint	ntment as re	egistered	1
agent. I a	m familiar with, and accept the obligat	tions of Section 607.0505, Florida	Statute	s//	a ulele	<i>a a</i>		ł
SIGNATURE	H. LEE UCHIN	ier thui	علا	MM	7/8/	11		1.
	Signature, typed or printed name of registered agen			ent signature requ	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTA	OPS (N 12	1 3
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	[ ] Change	Addition	1 :
TITLE	P	□ DELETE	1.1 TITLE	1		criargo		1:
NAME	FERRARA, RAYMOND M.		1.2 NAME					1 9
STREET ADDRESS	7050 TURTLE LANE		1.3 STREE	ET ADDRESS				1 }
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-	ST-ZIP				1 4
TITLE	VP	☐ DELETE	2.1 TITLE		· <del>-</del>	Change	Addition	١ '
NAME	FERRARA, JUNE M.		2.2 NAME	:				1
STREET ADDRESS	7050 TURTLE LANE	1	2.3 STRE	ET ADDRESS	•			ì
	-SARASOTA,FL				*			1_
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NAME		Į.	3.2 NAME	•				1
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NAME			4. 2 NAME	<sub>E</sub>				1
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NAME			5.2 NAME					1
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STREET ADDRESS								1
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		_		1

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.