

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 689915

1. Entity Name

THE LEARNING TREE CHILDCARE PRESCHOOL, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90097 020 ***150.00

Principal Place of Business

7702 BENEVA ROAD
SARASOTA FL 34238

Mailing Address

7702 BENEVA ROAD
SARASOTA FL 34278-0186

2. Principal Place of Business

3. Mailing Address

P.O. BOX 10186

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SARASOTA, FL ~~FL~~

Zip

Country

Zip
34278

Country

USA

4. FEI Number 59-2033215

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

CHRISTIANSEN, DEHNER & DART, P.A.
63 SARASOTA CENTER BLVD
STE 107
SARASOTA FL 34240

Name

CHRISTIANSEN & DEHNER, P.A.

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

Vice-President
Scott R. Christiansen

4/19/00

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 P
NAME FERRARA, RAYMOND M.
STREET ADDRESS 7050 TURTLE LANE
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME FERRARA, JUNE M.
STREET ADDRESS 7050 TURTLE LANE
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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:

R.M. Ferrara President R.M. FERRARA, PRESIDENT

Date

Daytime Phone #

CR2E034 (9/99)