

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754069

1. Entity Name

THE LEARNING PLACE, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90232 013 ****61.25

Principal Place of Business

4701 SCHOOL LANE
MILTON FL 32571
US

Mailing Address

P. O. BOX 914
MILTON FL 32572-0914
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2092493

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

MILLSAP, JOHANNA
3239 COBBLESTONE
PACE FL 32571

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KING, SANDRA
STREET ADDRESS 7851 SIESTA COVE
CITY-ST-ZIP MILTON FL

TITLE D ☐ Change ☒ Addition
NAME Ellis, Nancy
STREET ADDRESS 126 Dana St
CITY-ST-ZIP Milton FL 32571

TITLE TD ☐ Delete
NAME BRELAND, KELLEY
STREET ADDRESS 5725 PEBBLE RIDGE DRIVE
CITY-ST-ZIP MILTON FL

TITLE D ☐ Change ☒ Addition
NAME Sherman, Lucy
STREET ADDRESS 3128 Abel Avenue
CITY-ST-ZIP Pace FL 32571

TITLE VD ☐ Delete
NAME CROSSWELL, KATHLEEN
STREET ADDRESS 805 SUNNYSIDE DRIVE
CITY-ST-ZIP MILTON FL

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

TITLE SD ☐ Delete
NAME PICUS, JONI
STREET ADDRESS 5727 ENGLISH TURN
CITY-ST-ZIP PACE FL

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

TITLE D ☐ Delete
NAME SIEFERT, VERONICA
STREET ADDRESS 6048 HIALEAH ST
CITY-ST-ZIP PACE FL

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

TITLE D ☐ Delete
NAME HINSON, SUSAN
STREET ADDRESS 5527 CHIPPER LANE
CITY-ST-ZIP PACE FL 32571

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

Kelley Breland 1/12/00 (850) 626-9730

CR2E037 (9/99)