

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90020 028 ****61.25

DOCUMENT # 754069

1. Entity Name

THE LEARNING PLACE, INC.

Principal Place of Business

4701 SCHOOL LANE
 MILTON FL 32571
 US

Mailing Address

P. O. BOX 914
 MILTON FL 32572
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2092493

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLSAP, JOHANNA
3239 COBBLESTONE
PACE FL 32571

Name **Cynthia Larson**
 Street Address (P.O. Box Number is Not Acceptable)
5725 Dove Drive
 City **Pace** FL Zip Code **32571**

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 Cynthia A. Larson Cynthia A. Larson, Director 4/5/01
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	<input type="checkbox"/> Delete
NAME	KING, SANDRA	
STREET ADDRESS	7851 SIESTA COVE	
CITY-ST-ZIP	MILTON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRELAND, KELLEY	
STREET ADDRESS	5725 PEBBLE RIDGE DRIVE	
CITY-ST-ZIP	MILTON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CROSSWELL, KATHLEEN	
STREET ADDRESS	805 SUNNYSIDE DRIVE	
CITY-ST-ZIP	MILTON FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PICUS, JONI	
STREET ADDRESS	5727 ENGLISH TURN	
CITY-ST-ZIP	PACE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEFERT, VERONICA	
STREET ADDRESS	6048 HIALEAH ST	
CITY-ST-ZIP	PACE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HINSON, SUSAN	
STREET ADDRESS	5527 CHIPPER LANE	
CITY-ST-ZIP	PACE FL 32571	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Millsap, Johanna	
STREET ADDRESS	3239 Cobblestone Drive	
CITY-ST-ZIP	Pace FL 32571	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ellis, Nancy	
STREET ADDRESS	126 Dana St	
CITY-ST-ZIP	Pace FL 32571	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hinson, Commander, Susan	
STREET ADDRESS	5527 Chipper Lane	
CITY-ST-ZIP	Pace FL 32571	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherman, Lucy	
STREET ADDRESS	4655 Francisco Rd	
CITY-ST-ZIP	Pensacola FL 32504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Kelley Breland 4/05/01 850 626-9730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)