

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90076 011 \*\*\*\*61.25

**DOCUMENT # 754069**

1. Entity Name  
**THE LEARNING PLACE, INC.**

Principal Place of Business

Mailing Address

**4701 SCHOOL LANE  
 MILTON FL 32571  
 US**

**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

**LARSON, CYNTHIA  
 5725 DOVE DRIVE  
 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 *Cynthia A. Larson*

1-28-02

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KING, SANDRA 7851 SIESTA COVE MILTON FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BRELAND, KELLEY 5725 PEBBLE RIDGE DRIVE MILTON FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CROSSWELL, KATHLEEN 805 SUNNYSIDE DRIVE MILTON FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD COMMANDER, SUSAN 5527 CHIPPER LANE PACE FL 32571</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SIEFERT, VERONICA 6048 HIALEAH ST PACE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MILLSAP, JOHANNA 3239 COLLBESTONE DRIVE PACE FL 32571</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President (PD) Kelley Breland 5725 Pebble Ridge Dr. Milton, FL 32570</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President (VD) 6072 Sunnyridge Drive Milton FL 32570 Vicky Matthews</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Connie Hutton 4233 North Island Road Pace, FL 32571</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Jana Crouse 5443 Oak Meadow Drive Milton, FL 32570</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bonnie D. Hutton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02

850-995-0135

Date

Daytime Phone #

CR2E037 (9/01)

Attachment Document # 754069  
928802

The Learning Place  
Board of Directors

D

Antonello Bucci  
5124 Holcomb Road  
Milton, Florida 32570

D

Katrina Dawson  
6024 Willard Norris Road  
Milton, Florida 32570

D

Denise Mayne  
7384 San Ramon Drive  
Milton, Florida 32583

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D

Cynthia Larson  
5725 Dove Drive  
Pace, Florida 32571

Carolyn Butler  
5525 Ridge Hill Court  
Milton, Florida 32570

D

Kathleen Crosswell  
805 Sunnyside Drive  
Milton, Florida 32571

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