

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001651

1. Entity Name

THE LEARNING LINK TUTORING CENTERS, LTD.

FILED

02 MAY -3 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3005 WEST LAKE MARY BLVD., SUITE 110
LAKE MARY FL 32746

Mailing Address

3005 WEST LAKE MARY BLVD., SUITE 110
LAKE MARY FL 32746

2. Principal Place of Business

140 E. Wilbur Ave

3. Mailing Address

140 E Wilbur Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Lake Mary, FL

City & State

Lake Mary, FL

4. FEI Number

59-3680633

Applied For

Not Applicable

Zip

32746

Country

USA

Zip

32746

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALCOTT, ANNETTE L
381 MEADOW BEAUTY TERRACE
SANFORD FL 32771

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions
as Shown on record.

\$50,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P00000092122
NAME THE LEARNING LINK TUTORING CENTERS, INC.
STREET ADDRESS 3005 WEST LAKE MARY BLVD., SUITE 110
CITY-ST-ZIP LAKE MARY FL 32746

DOCUMENT #
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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CITY-ST-ZIP

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****438.75 ****438.75

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

James A. Alton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

407-302-0221

CR2E003 (9/01)