

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002786

1. Entity Name

MCCLELLAN PARK FAMILY LEARNING CENTER, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 28 PM 1:25

*ny*

Principal Place of Business

1744 SEMINOLE DRIVE  
SARASOTA FL 34239

Mailing Address

1744 SEMINOLE DRIVE  
SARASOTA FL 34239-3739



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1700 Seminole Drive

3. Mailing Address

1744 Seminole Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

APPLIED FOR  
65-0890361

Applied For

Not Applicable

Zip

34239

Country

USA

Zip

34239

Country

USA

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

ZIMMER, CHERYL B  
1744 SEMINOLE DRIVE  
SARASOTA FL 34239

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

*Cheryl B Zimmer as President 01-15-00*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$300,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$90,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000104906  
NAME MCCLELLAN PARK FAMILY LEARNING CENTER, INC  
STREET ADDRESS 1744 SEMINOLE DRIVE  
CITY - ST - ZIP SARASOTA FL 34239

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

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 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: *Cheryl B Zimmer as President for*  
McClellan Park Family Learning Center, Inc. 4-15-00  
(941) 365-2530

CR2E003 (9/99)