

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002786**

1. Entity Name

MCCLELLAN PARK FAMILY LEARNING CENTER, LTD.

Principal Place of Business

**1700 SEMINOLE DRIVE
SARASOTA FL 34239**

Mailing Address

**1744 SEMINOLE DRIVE
SARASOTA FL 34239**

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

65-0890361

Applied For

Not-Applicable

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

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

DATE

9. Capital Contributions
as Shown on record.

\$300,000.00

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

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

000005677828--7
-06/04/02--01070--002
*****526.25 ***526.25**

DOCUMENT #
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Cheryl B Zimmer as Pres. 4-4-03 941-365-2530

APPROVED
AND
FILED

02 MAY 22 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0016687
AT

CR2E003 (9/01)