

2002 UNIFORM BUSINESS REPORT (UBR)

0015167 AT

DOCUMENT # B01000000178

1. Entity Name

LEARNING SKILLS, LTD.

FILED

02 JAN 28 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

39 SUMMER STREET, BOX 1147
NORTHAMPTON MA 01061-1147

Mailing Address

10915 BONITA BEACH RD.
BONITA SPRINGS FL 34135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Ste. 3, 800 Main Street, Beach Rd.

Suite, Apt. #, etc.

Ste. 2144, 10915 Bonita Beach Rd.

City & State

Amherst, Massachusetts

City & State

Bonita Springs, Florida

Zip

010025

Country

USA

Zip

34135

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

59-3674636

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWEIKHARDT, WILLIAM
900 SIXTH AVENUE SOUTH, SUITE 203
NAPLES FL 34102

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

\$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$7,500.00

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 #
NAME FLEISHNER, LEWIS
STREET ADDRESS 39 SUMMER STREET, BOX 1147
CITY-ST-ZIP NORTHAMPTON MA 01061-1147

STREET ADDRESS Ste. 3, 800 Main St.
CITY-ST-ZIP Amherst, MA 01002

DOCUMENT #
NAME BRIGHAM, PETER
STREET ADDRESS 10915 BONITA BEACH RD., SUITE 2144
CITY-ST-ZIP BONITA SPRINGS FL 34135

STREET ADDRESS
CITY-ST-ZIP
200004880442-9
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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:

Peter B. Brigham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)