

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F00000004536**

1. Entity Name
KAPLAN EARLY LEARNING COMPANY



Principal Place of Business
**1310 LEWISVILLE-CLEMMONS ROAD
LEWISVILLE NC 27023**

Mailing Address
**1310 LEWISVILLE-CLEMMONS ROAD
LEWISVILLE NC 27023**

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 **56-0935286**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6500 17000

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOFTIS, TAMARA W

10407 CENTURION PARKWAY NORTH, SUITE 102

JACKSONVILLE FL 32256

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

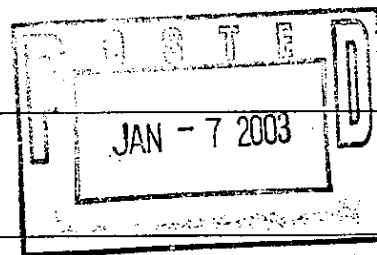
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	LEE, FRENCH	1310 LEWISVILLE-CLEMMONS ROAD	LEWISVILLE NC 27023	<input type="checkbox"/>
S	MACERON, MATTHEW	1310 LEWISVILLE-CLEMMONS ROAD	LEWISVILLE NC 27023	<input type="checkbox"/>
CD	KAPLAN, HOWARD J	1310 LEWISVILLE-CLEMMONS ROAD	LEWISVILLE NC 27023	<input type="checkbox"/>
D	KAPLAN, IAN T	1117 GLOUSMAN DRIVE	WINSTON-SALEM NC 27104	<input type="checkbox"/>
D	MURRAY, SANDI S	602 FORDS LANDINGS WAY	ALEXANDRIA VA 22314	<input type="checkbox"/>
D	KAPLAN, ANNETTE	443 BAUER AVENUE	LOUISVILLE KY 40202	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>



CR2E034 (10/02)

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/03 336-712-3214