

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006376

1. Entity Name

Educator's Learning Network, Inc.

Principal Place of Business

6944 Foxhill Lane  
Cincinnati, OH 45235

Mailing Address

6944 Foxhill Lane  
Cincinnati, OH 45235

2. Principal Place of Business

3. Mailing Address

2710 Rew Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Ocoee, FL

Zip

Country

Zip

Country

34761

US

4. FEI Number

311487683

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

C0058817

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

E. Nicholas Davis, III  
2704 Rew Circle, Ste. 105  
Ocoee, FL 34761

Name

E. Nicholas Davis, III

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

2710 Rew Circle

Suite 100

City

Ocoee

FL

Zip Code

34761

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.

(NOTE: Registered Agent signature required when reinstating)

4/19/01

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO/D  
Larry Rowedder  
6944 Foxhill Lane  
Cincinnati, OH 45235

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
Michael Rutherford  
2123 Cricketwood Ct.  
Mathews, NC 28104

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V/D  
Joel Hagy  
2710 Rew Circle, Ste. 100  
Ocoee, FL 34761

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/T  
Anthony Ruben  
2710 Rew Circle, Ste. 100  
Ocoee, FL 34761

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Rogers W. Kirven, Jr  
2710 Rew Circle, 100  
Ocoee, FL 34761

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Daniel J. Devine  
2710 Rew Circle, Ste. 100  
Ocoee, FL 34761

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 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 #

CR2E034 (11/00)