

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004574

1. Entity Name

LEARNING SKILLS, INCORPORATED

Principal Place of Business

10915 BONITA BCH RD.  
SUITE 2144  
BONITA SPRINGS FL 34135  
US

Mailing Address

10915 BONITA BCH RD.  
SUITE 2144  
BONITA SPRINGS FL 34135-9052  
US

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

03-0219176

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

BRIGHAM, PETER B  
26340 HICKORY BLVD., APT. 401  
BONITA SPRINGS FL 33923

Name

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

City

FL

Zip Code  
34134

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)

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, 2000 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 DT ☐ Delete  
NAME BRIGHAM, PETER B  
STREET ADDRESS 26340 HICKORY BLVD., APT. 401  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE DTS ☒ Change ☐ Addition  
NAME Brigham, Peter B.  
STREET ADDRESS 26340 Hickory Blvd., Apt. 401  
CITY-ST-ZIP Bonita Springs, FL 34134

TITLE CP ☐ Delete  
NAME FLEISCHNER, LEWIS  
STREET ADDRESS 89 S. EAST ST.  
CITY-ST-ZIP AMHERST MA 01002

TITLE DP ☒ Change ☐ Addition  
NAME Fleischner, Lewis  
STREET ADDRESS 89 S. East St.  
CITY-ST-ZIP Amherst, MA 01002

TITLE VP ☐ Delete  
NAME BRIGHAM, HILLARY  
STREET ADDRESS 145 AVENUE EAST  
CITY-ST-ZIP APALACHICOLA FL

TITLE V ☒ Change ☐ Addition  
NAME Brigham, Hillary  
STREET ADDRESS 145 Avenue East  
CITY-ST-ZIP Apalachicola, FL 32320

TITLE S ☒ Delete  
NAME KINGSTON, PATRICIA  
STREET ADDRESS 86 PARSONS ST.  
CITY-ST-ZIP NORTHAMPTON MA 01060

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 #

FILED

Jan 21, 2000 8:00 am  
Secretary of State

01-21-2000 90089 009 \*\*\*150.00

B0005892



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)