

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003785

1. Entity Name

NATIONAL INSTITUTE FOR LEARNING DISABILITIES, IN

Principal Place of Business

Mailing Address

107 SEEKEL STREET
NORFOLK VA 23505

107 SEEKEL STREET
NORFOLK VA 23505-4415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN ANNA W
800 N PINE HILLS RD
ORLANDO FL 32812

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME UECKER, MILTON V
STREET ADDRESS 104 W HAMPTON WAY
CITY-ST-ZIP COLUMBIA SC

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

TITLE D ☐ Delete
NAME LATSKO, MIKE
STREET ADDRESS 7120 GRANBY ST
CITY-ST-ZIP NORFOLK VA 23505

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

TITLE TD ☐ Delete
NAME MCNIFF, GENE
STREET ADDRESS 5101 CLEVELAND STREET, SUITE 104
CITY-ST-ZIP VIRGINIA BEACH VA

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

TITLE D ☐ Delete
NAME BERRY, SHARON
STREET ADDRESS 3115 CLUB DR
CITY-ST-ZIP BIRMINGHAM AL

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

TITLE VD ☐ Delete
NAME TANIS, KEN
STREET ADDRESS 462 MALIN RD
CITY-ST-ZIP NEWTON SQUARE PA

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

TITLE D ☐ Delete
NAME MCKINNEY, WILLIAM
STREET ADDRESS 3110 ROCK CREEK DR
CITY-ST-ZIP LOUISVILLE KY

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

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 617, 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

Michael Latsko

1/19/00
Date

757-423-8646
Daytime Phone #

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90103 040 ***61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

54-1506977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)