

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 16, 2001 08:00 AM****Secretary of State****DOCUMENT # F94000003785**1. Entity Name
NATIONAL INSTITUTE FOR LEARNING DISABILITIES, INC.

Principal Place of Business	Mailing Address
107 SEEKEL STREET	107 SEEKEL STREET
NORFOLK VA 23505	NORFOLK VA 23505

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
54-1506977Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**MARTIN ANNA W
800 N PINE HILLS RDORLANDO FL
32812 US

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 **01/16/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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 NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY WILLIAM 3110 ROCK CREEK DR LOUISVILLE KY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY WILLIAM 700 S ENGLISH STATION RD LOUISVILLE KY 40245	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TANIS KEN 462 MALIN RD NEWTON SQUARE PA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TANIS KEN 462 MALIN RD NEWTON SQUARE PA 19073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY SHARON 3115 CLUB DR BIRMINGHAM AL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY SHARON 3115 CLUB DR BIRMINGHAM AL 35226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCNIFF GENE 5101 CLEVELAND STREET, SUITE 104 VIRGINIA BEACH VA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCNIFF GENE 5101 CLEVELAND STREET, SUITE 104 VIRGINIA BEACH VA 23462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATSKO MIKE 7120 GRANBY ST NORFOLK VA 23505	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LATSKO MIKE 7120 GRANBY ST NORFOLK VA 23505	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UECKER MILTON V 104 W HAMPTON WAY COLUMBIA SC	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UECKER MILTON V 1912 LORICK RD BLYTHEWOOD SC 29016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: MIKE LATSKO SD 01/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)

DEBORAH ZIMMERMAN (DIRECTOR)
3 GATES AVE

ROSELAND, NJ 07068

ED WALKER (DIRECTOR)
508 LEWISHAM CT

COLUMBIA, SC 29210

CHUCK PASMA (DIRECTOR)
1601 98TH AVE., NE

CLYDE HILL, WA 98004

SANDY OUTLAR (DIRECTOR)
60 SANDY COVE RD

NORTH EAST, MD 21901

DAVID NORTHUP (DIRECTOR)
ALTON BAY CHRISTIAN CONFERENCE CTR

ALTON BAY, NH 03810

LARRY MCCULLOUGH (DIRECTOR)
9547 SW 148 AVE, CIR. N

MIAMI, FL 33196

JON MASON (DIRECTOR)
1442 N VEAUX LOOP

NORFOLK, VA 23509