

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000295

1. Entity Name

LAUBACH LITERACY INTERNATIONAL INCORPORATED

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90030 027 ****61.25

Principal Place of Business

Mailing Address

1320 JAMESVILLE AVE., BOX 131
SYRACUSE NY 13210-0131

1320 JAMESVILLE AVE., BOX 131
SYRACUSE NY 13210-4224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-0743365

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 ☐ Delete

NAME
GAYLORD, ELIZABETH LOUI
STREET ADDRESS
823 BRIAR RIDGE DR
CITY-ST-ZIP
HOUSTON TX

TITLE ☐ Delete

NAME
NOEL, THOMAS E III
STREET ADDRESS
1903 KIRBY DRIVE
CITY-ST-ZIP
HOUSTON TX 77019

TITLE ☒ Delete

NAME
CASWELL, ROBERT F
STREET ADDRESS
1320 JAMESVILLE AVENUE
CITY-ST-ZIP
SYRACUSE NY

TITLE ☐ Delete

NAME
DESILVA, DAVID J
STREET ADDRESS
8044 MERRIMAL DR.
CITY-ST-ZIP
MANLIUS NY 13104

TITLE ☐ Delete

NAME
DIXON, GARY
STREET ADDRESS
294 SOUTH 850 STREET
CITY-ST-ZIP
KAYSVILLE UT 84037

TITLE ☐ Delete

NAME
WEBER, DONALD
STREET ADDRESS
1320 JAMESVILLE AVE
CITY-ST-ZIP
SYRACUSE NY 13210

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME
RICHARD T LAPORTE
STREET ADDRESS
1320 JAMESVILLE AVE
CITY-ST-ZIP
SYRACUSE NY 13210

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E037 (9/99)