

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90146 017 ***150.00

0628244 AT

DOCUMENT # F97000004149

1. Entity Name

LINDAMOOD-BELL LEARNING PROCESSES CORP

Principal Place of Business

**416 HIGUERA STREET
 SAN LUIS OBISPO CA 93401**

Mailing Address

**416 HIGUERA STREET
 SAN LUIS OBISPO CA 93401**

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

77-0140920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GAVIOLA, JENNIFER
 14030 BISCAYNE BLVD, #311
 NORTH MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name **Pilar Dandes**
 Street Address (P.O. Box Number is Not Acceptable)
1835 Main Street
suite 201
 City **Weston** **FL** Zip Code **33326**

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

Pilar G. Dandes **Pilar G. Dandes Clinic Director**

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	BELL, Nanci	
STREET ADDRESS	1720 FILBERT	
CITY-ST-ZIP	PASO ROBLES CA 93446	
TITLE	S	<input type="checkbox"/> Delete
NAME	LINDAMOOD, PHYLLIS	
STREET ADDRESS	2485 NIGHTSHADE PLACE	
CITY-ST-ZIP	ARROYO GRANDE CA 93420	
TITLE	T	<input type="checkbox"/> Delete
NAME	LINDAMOOD, PATRICIA	
STREET ADDRESS	2485 NIGHTSHADE PLACE	
CITY-ST-ZIP	ARROYO GRANDE CA 93420	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SILVA, ROBERT A	
STREET ADDRESS	1666 COLINA COURT	
CITY-ST-ZIP	SAN LUIS OBISPO CA 93401	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BELL, RODNEY E JR	
STREET ADDRESS	126 15TH ST	
CITY-ST-ZIP	PASO ROBLES CA 93446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Pilar G. Dandes **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)