

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004025

1. Entity Name

LEARNING UNLIMITED INTERNATIONAL SCHOOLS, INC.

Principal Place of Business

650 RANTOUL LANE  
LAKE MARY FL 32746

Mailing Address

650 RANTOUL LANE  
LAKE MARY FL 32746-4244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-0890594

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

ALCOTT, FARDEAN A  
120 INTERNATIONAL PKWY, STE 220  
HEATHROW FL 32746

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ALCOTT, WILLIAM M	72 WOODLAND AVENUE	COLUMBUS OH	<input type="checkbox"/>
SD	FRASCH JR, JOSEPH F	72 WOODLAND AVENUE	COLUMBUS OH	<input type="checkbox"/>
D	FIROUZIAN, MAJE	72 WOODLAND AVENUE	COLUMBUS OH	<input type="checkbox"/>
D	MAXWELL, ELBERT W	72 WOODLAND AVENUE	COLUMBUS OH	<input type="checkbox"/>
V	ALCOTT, FARDEAN A	120 INTERNATIONAL PKWY, STE 220	HEATHROW FL	<input type="checkbox"/>

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FARDEAN A. ALCOTT  
3-15-2000 (407) 920-5973

CR2E037 (9/99)