

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004580

1. Entity Name

LEARNINGSOFT CORPORATION

Principal Place of Business

15951 MCGREGOR BLVD., SUITE 2C
FT. MYERS FL 33908

Mailing Address

15951 MCGREGOR BLVD., SUITE 2C
FT. MYERS FL 33908-2568

2. Principal Place of Business

8880 NW 20 ST

3. Mailing Address

8880 NW 20 ST

Suite, Apt. #, etc.

Suite G

Suite, Apt. #, etc.

Suite G

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0923539

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

33172

Country

USA

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

COLE, DAVID

15951 MCGREGOR BLVD., SUITE 2C
FT. MYERS FL 33908

Name
COLE, DAVID

Street Address (P.O. Box Number is Not Acceptable)

8880 NW 20 ST, SUITE G

City
MIAMI

FL

Zip Code
33172

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

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
COLE, DAVID M
15951 MCGREGOR BLVD., SUITE 2C
FT. MYERS FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
Cole, David M.
8880 NW 20 ST, Ste. G
Miami, FL 33172 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VV
GUPTA, SUNIL
15951 MCGREGOR BLVD., SUITE 2C
FT. MYERS FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VV
Gupta, Sunil
8880 NW 20 ST, Ste. G
Miami, FL 33172 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

DAVID M. COLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. COLE

4/14/00

305 500 9959

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE