

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004969

1. Entity Name

JLC LEARNING CORPORATION

FILED

00 MAY 12 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7878 NORTH 16TH STREET, SUITE 100
PHOENIX AZ 85020

Mailing Address

7878 NORTH 16TH STREET, SUITE 100
PHOENIX AZ 85020-4443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-4066535

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

C T 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

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	CEO KENNEY, MARTIN 9920 PACIFIC HEIGHTS BLVD., SUITE 500 SAN DIEGO CA 92121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSSELL, JOYCE F 9920 PACIFIC HEIGHTS BLVD., SUITE 500 SAN DIEGO CA 92121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEDGES, CURTIS 7878 NORTH 16TH STREET, SUITE 100 PHOENIX AZ 85020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRANE, THERESE 9920 PACIFIC HEIGHTS BLVD., SUITE 500 SAN DIEGO CA 92121	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLINS, SUSAN 9920 PACIFIC HEIGHTS BLVD., SUITE 500 SAN DIEGO CA 92121	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOCKWOOD, NANCY 9920 PACIFIC HEIGHTS BLVD., SUITE 500 SAN DIEGO CA 92121	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Tim Conroy 9920 Pacific Heights Blvd., Suite 500 San Diego, CA 92121	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Robert S. Lynch One Rockefeller Plaza New York, NY 10020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Joyce F. Russell 9920 Pacific Heights Blvd San Diego, CA 92121	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy Charles L. Laurey One Rockefeller Plaza New York, NY 10020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003264030-2 -05/23/00-01105-012 ****\$50.00 ****\$50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)