

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90030 011 ***150.00

DOCUMENT # H70100

1. Entity Name
LINCOLN LEARNING LABS, INC.

Principal Place of Business Mailing Address
6710 86 AVE N 6710 86 AVE N
PINELLAS PARK FL 34666 PINELLAS PARK FL 33782-4502



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **59-2570222** 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

DETWEILER, ROBERT E
8482 DEAUVILLE
PINELLAS PARK FL 33781

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 _____ (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	D HICKS, MACK R 201 COLONY PT RD S ST PETERSBURG FL 33705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, MACK R. 208 BEACH DR NE -88 ST. PETERSBURG, FL. 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HICKS, ANDREW P 3598 10 ST NE ST PETERSBURG FL 33704	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DETWEILLER, ROBERT E 8482 DEAUVILLE PINELLAS PARK FL 33781	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Robert E. Detweiler* **ROBERT E. DETWEILER, PRES.** 1/24/00 727 541-5716
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #