

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2003 8:00 am
Secretary of State

07-16-2003 90047 012 ***150.00

DOCUMENT # J77009

1. Entity Name
S L CENTER (GAINESVILLE) INC.



Principal Place of Business
**4961 NW 8TH AVE
STE A
GAINESVILLE FL 32605
US**

Mailing Address
**4961 NW 8TH AVE
STE A
GAINESVILLE FL 32605
US**

55052659



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2818580**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERNARD, TAMMY LYNN
4961 NW 8TH AVE
STE A
GAINESVILLE FL 32605**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNARD, TAMMY LYNN 1621 NW 26TH WAY GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/03

Date

Daytime Phone #

CR2E034 (4/03)



SYLVAN LEARNING CENTER®

4961 NW 8th Avenue, Suite A
Gainesville, FL 32605
Telephone: (352) 371-6891
Fax: (352) 371-1848
Email: slc@sylvangnv.com

Attachment

Tammy Bernard, M.Ed.
Owner/Executive Director

55052659
J77009

July 24, 2003

To Whom It May Concern:

Please Know that when I sent in my original UBR, I also sent a letter indicating that the only notification about the filing of my annual report was the late notice I received. Because I did not receive the first notification, I did not know that it was due. I am requesting that you please waive the \$400. late fee. If you will check my payment history you will find that for the past 16 years I have never been late.

Thank you for your attention to this matter.

Sincerely yours,

Tammy L. Bernard
352- 371-6891