

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90047 037 ****50.00

DOCUMENT # L02000024345

1. Entity Name
TUTORINGZONE LC



Principal Place of Business

**3501 SW 2ND AVENUE
SUITE B
GAINESVILLE FL 32607**

Mailing Address

**3501 SW 2ND AVENUE
SUITE B
GAINESVILLE FL 32607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-2075079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HINTZE, MATTHEW
3501 SW 2ND AVENUE
SUITE B
GAINESVILLE FL 32607**

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **CEO** ☐ Delete
NAME **MATTHEW B. HINTZE**
STREET ADDRESS **502 NE 8TH AVE.**
CITY-ST-ZIP **GAINESVILLE FL 32607**

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

TITLE **PRESIDENT** ☐ Delete
NAME **RYAN M. DIX**
STREET ADDRESS **4000 SW 23RD APT. 3-306**
CITY-ST-ZIP **GAINESVILLE FL 32608**

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

TITLE **CFO** ☐ Delete
NAME **ETHAN FIELOMAN**
STREET ADDRESS **2 FRATERNITY ROW**
CITY-ST-ZIP **GAINESVILLE FL 32607**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Matthew B. Hintze
REQUIRED

3-18-03 (352) 219-1618

Date

Daytime Phone #

CR2E083 (10/02)