

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # M97000000223

1. Entity Name

Education First Marketing LLC

00 JUN -7 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Tampa, Florida

Mailing Address

5100 W. Lemon Street  
Suite 150  
Tampa, Florida 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-340579

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

7. Name and Address of New Registered Agent

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)

600003296586--9

06/28/00 DATE 01032--004

\*\*\*\*\*50.00 \*\*\*\*\*50.00

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME Manager  
STREET ADDRESS Lisa Layfield  
CITY-ST-ZIP 5100 W. Lemon St., #150

TITLE ☐ Change ☐ Addition  
NAME Manager, William Ayers  
STREET ADDRESS 5100 W. LEmon St., #150  
CITY-ST-ZIP Tampa, Florida 33609

TITLE ☐ Change ☐ Addition  
NAME Mgr., Linda Sheridan  
STREET ADDRESS 5100 W. LEmon St., #150  
CITY-ST-ZIP Tampa, Florida 33609

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

*Lisa Layfield Manager* 6/5/00 813 281 3304

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