

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002118

1. Entity Name

THE LOVE OF LEARNING, INC.

Principal Place of Business

12760 INDIAN RODKS RD STE 558  
LARGO FL 33754

Mailing Address

12760 INDIAN RODKS RD STE 558  
LARGO FL 33754

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

*\* Terry, not Terry*  
SCHLESINGER, TERRY W  
12760 INDIAN RODKS RD STE 558  
LARGO FL 33754

4. FEI Number

91-2104709

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

same

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

*Terry w. Schlesinger* Terry w. Schlesinger 2-28-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☒

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D (P)	<input type="checkbox"/> Delete
NAME	SCHLESINGER, TERRY W	
STREET ADDRESS	12760 INDIAN RODKS RD STE 558	
CITY-ST-ZIP	LARGO FL 33754	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZHOU, LISHUANG W	
STREET ADDRESS	12760 INDIAN RODKS RD STE 558	
CITY-ST-ZIP	LARGO FL 33754	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIPTON, RONALD	
STREET ADDRESS	365 55 AVE	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLEN, ROBERT	
STREET ADDRESS	2288 DREW ST	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, FLORA	
STREET ADDRESS	127 67 91ST AVE NO	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WATERMAN, JENNIFER	
STREET ADDRESS	7832 91 ST NO	
CITY-ST-ZIP	SEMINOLE FL 33777	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BO. 84 Directors Member	
STREET ADDRESS	CHRIS Sweeney	
CITY-ST-ZIP	13027 124 Ave. N. Largo, FL 33774	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

*Terry w. Schlesinger* Terry w. Schlesinger 2-11-01 4888

Date

Daytime Phone #

FILED  
Mar 05, 2001 8:00 am  
Secretary of State

03-05-2001 90311 036 \*\*\*\*75.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)