

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90054 041 ****70.00

DOCUMENT # N00000002118

1. Entity Name

THE LOVE OF LEARNING, INC.



Principal Place of Business

**403 FIRST AVENUE SW
LARGO FL 33770**

Mailing Address

**403 FIRST AVENUE SW
LARGO FL 33770**

90006910



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **91-2104700**

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

**SCHLESINGER, TERRY
12760 INDIAN RODKS RD STE 558
LARGO FL 33770**

7. Name and Address of New Registered Agent

Name **Ronald Lipton**

Street Address (P.O. Box Number is Not Acceptable)
2831 EDWARDS AVE. S.

City **St. Petersburg**

FL

Zip Code
33705

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

RONALD LIPTON

1/15/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **SCHLESINGER, TERRY W**
STREET ADDRESS **12760 INDIAN RODKS RD STE 558**
CITY-ST-ZIP **LARGO FL 33754**

TITLE **DBM** ☒ Delete
NAME **SWEENEY, CHRIS**
STREET ADDRESS **13027-124TH AVE N**
CITY-ST-ZIP **LARGO FL 33774**

TITLE **DC** ☐ Delete
NAME **LIPTON, RONALD**
STREET ADDRESS **365 55 AVE**
CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE **D** ☐ Delete
NAME **GLEN, ROBERT**
STREET ADDRESS **2288 DREW ST**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **Terry Coffey**
STREET ADDRESS **10498 VALENCIA RD.**
CITY-ST-ZIP **SEMINOLE, FL. 33772**

TITLE **S/T** ☐ Change ☒ Addition
NAME **DIANE LEIKAM**
STREET ADDRESS **418-5TH AVE. SW**
CITY-ST-ZIP **LARGO, FL. 33770**

TITLE **D** ☐ Change ☒ Addition
NAME **Stacy Salmon**
STREET ADDRESS **14911 Hidden Oaks Circle**
CITY-ST-ZIP **CLEARWATER, FL. 33764**

TITLE **A** ☐ Change ☒ Addition
NAME **Adricia Merker**
STREET ADDRESS **625 FAYETTE DR.S.**
CITY-ST-ZIP **SAFETY HARBOR, FL. 34695**

TITLE **D** ☐ Change ☒ Addition
NAME **Jim Gregg**
STREET ADDRESS **9615 104th Ave. N.**
CITY-ST-ZIP **LARGO, FL - 33773**

TITLE **D** ☐ Change ☒ Addition
NAME **Roy Oldham**
STREET ADDRESS **1201 CARA DR.**
CITY-ST-ZIP **LARGO, FL. 33771**

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:

SIGNATURE REQUIRED RONALD LIPTON

1/15/03 727-581-9550

CR2E037 (10/02)