

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000007264**

1. Entity Name

T AND T LEARNING CENTER, INC.

Principal Place of Business

**416 NORTHWEST 9TH AVENUE
POMPANO BEACH FL 33060**

Mailing Address

**416 NORTHWEST 9TH AVENUE
POMPANO BEACH FL 33060**

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

65-1053209

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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)

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 / NAME	PD GLENN, JIMMY	<input type="checkbox"/> Delete
STREET ADDRESS	416 NORTHWEST 9TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	

TITLE / NAME	SD CAMPFIELD, MINNIE	<input type="checkbox"/> Delete
STREET ADDRESS	416 NORTHWEST 9TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	

TITLE / NAME	TD JONES, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	416 NORTHWEST 9TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	

TITLE / NAME	V LAWS, MARSHA	<input type="checkbox"/> Delete
STREET ADDRESS	416 NORTHWEST 9TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME	PD Minnie Campfield	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	616 NW 21st Court	
CITY-ST-ZIP	Pompano Beach, Florida 33060	

TITLE / NAME	SD Jimmy Glenn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	416 NW 9th Avenue	
CITY-ST-ZIP	Pompano Beach, Florida 33060	

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

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

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

TITLE / NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:*Minnie Campfield*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Minnie Campfield****3/6/2001**

Date

(954) 943-8685

Daytime Phone #

**FILED
Mar 28, 2001 8:00 am
Secretary of State**

03-28-2001 90224 011 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)