

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

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90071 012 ****61.25

0003979

DOCUMENT # N01000005205

1. Entity Name

LEARNING DEVELOPMENT CENTER, INC.



Principal Place of Business

**1089 HAMLET DRIVE
MAITLAND FL 32751**

Mailing Address

**1089 HAMLET DRIVE
MAITLAND FL 32751**

2. Principal Place of Business

3. Mailing Address

P.O. Box 940734

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Maitland, FL

4. FEI Number **59-3733631**

Applied For

Not Applicable

Zip

Country

32794-0734

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRISBON, JEANNIE
1089 HAMLET DRIVE
MAITLAND FL 32751**

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

X Jeannie Brisbon

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

(NOTE: Registered Agent signature required when reinstating)

07-27-03

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BRISBON, JEANNIE 1089 HAMLET DRIVE MAITLAND FL 32751 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STAFFORD, CONNIE 2865 GAMMA DRIVE ORLANDO FL 32810 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CLAVIER, DAFFINE 4473 MALIBU STREET ORLANDO FL 32811 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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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:

X Jeannie Brisbon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-03

Date

407-975-6590

Daytime Phone #

CR2E037 (4/03)