

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

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

1/1

01-17-2003 90053 023 ****61.25

DOCUMENT # N02000005147

1. Entity Name

LEARNING COOPERATIVE, INC.



Principal Place of Business

**650 SEMINOLE BLVD.
LARGO FL 33770**

Mailing Address

**650 SEMINOLE BLVD.
LARGO FL 33770**

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

51-0417707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TUTHILL, DOUGLAS M
650 SEMINOLE BLVD.
LARGO FL 33770**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**P
MCMAHON, ROBERT A
117 COUNTRY VILLAS DRIVE
SAFETY HARBOR FL 34695**

TITLE ☐ Delete

**T
MOORE, JADE T
94 BAYWOOD AVENUE
CLEARWATER FL 33785**

TITLE ☐ Delete

**CEO
TUTHILL, DOUGLAS M
2421 GREEN WAY SOUTH
ST. PETERSBURG FL 33712**

TITLE ☐ Delete

**S
BACON, LINDA A
1722 SOLAR DRIVE
HOLIDAY FL 34691**

TITLE ☐ Delete

**V
DENNARD, MICHELLE
3616 CARMEN STREET
TAMPA FL 33609**

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED

Jade Moore

1/14/03

727-585-6518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/02)