

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36525

1. Entity Name

PARTNERSHIP FOR LEARNING, INC.

Principal Place of Business

901 VA AVE
ST. CLOUD FL 34769

Mailing Address

901 VA AVE
ST. CLOUD FL 34769

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FOUST, KATHLEEN
17 S ORLANDO AVE
KISSIMMEE FL 34741

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | POWELL, MARY LEE | |
| STREET ADDRESS | 408 GEORGIA AVE. | |
| CITY-ST-ZIP | ST. CLOUD FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ELLIS, LARRY | |
| STREET ADDRESS | 151 N ORLANDO AVENUE #151 | |
| CITY-ST-ZIP | WINTER PARK FL 3278 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | NEWHART, MATILDA M | |
| STREET ADDRESS | 2632 TALON COURT | |
| CITY-ST-ZIP | ORLANDO FL 32837 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | NEWHART, DAVID G | |
| STREET ADDRESS | 2632 TALON CT | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | JOHNSON, PEGGY | |
| STREET ADDRESS | 1200 PINE LN | |
| CITY-ST-ZIP | ST CLOUD FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LARSEN, HOWARD | |
| STREET ADDRESS | 714 WOODWARD STREET | |
| CITY-ST-ZIP | ORLANDO FL 32803 | |

| | | |
|----------------|--|---|
| 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 |
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| 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:

Mary Lee Powell

5-1-01 or 957-2774

407-892-8728

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90234 026 ****61.25

00000063



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2897886

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)