

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38068

1. Entity Name

EDUCATION IS FUN ('EIF'), INC.

Principal Place of Business

11607 3RD AVE., EAST
BRADENTON FL 34202
US

Mailing Address

11607 3RD AVE., EAST
BRADENTON FL 34202
US

2. Principal Place of Business

11607 3rd Ave. East
Suite, Apt. #, etc.

Bradenton, FL

City & State

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

34202

Country

manatee

Zip

Country

4. FEI Number

65-0189669

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINDA M. ANGELL

~~3600 LAKE BAYSHORE DR #10R400~~
~~BRADENTON FL 34205~~

7. Name and Address of New Registered Agent

Name

Linda M. Angell

Street Address (P.O. Box Number is Not Acceptable)

11607 3rd Ave East

City

Bradenton, FL

FL

Zip Code

34202

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

Linda M. Angell (Linda M. Angell)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/01

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 D ☒ Delete
NAME ANGELL, ROBERT M.
STREET ADDRESS 3600 LAKE BAYSHORE DR
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ Delete
NAME ANGELL, LINDA M.
STREET ADDRESS 3600 LAKE BAYSHORE DR
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ Delete
NAME SWEETING, MICHAEL
STREET ADDRESS 1834 MAIN ST
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D ☐ Change ☒ Addition
NAME Maria Sapey
STREET ADDRESS 1627 Dunmore Way
CITY-ST-ZIP Sarasota, FL 34231

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Linda M. Angell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/01

941-741-4605
Daytime Phone #

FILED

Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90105 017 ****61.25

000004



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)