

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90042 042 ****70.00

DOCUMENT # N38254

1. Entity Name

NEW DIRECTIONS IN LEARNING, INC.

Principal Place of Business

**7887 BRYAN DAIRY RD
 STE 1500
 LARGO FL 33777
 US**

Mailing Address

**7887 BRYAN DAIRY RD
 STE 1500
 LARGO FL 33777
 US**

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

59-3012734

Applied For

Not Applicable

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

**DAMONTE, JONATHAN JAMES
 7800 113TH STREET NORTH
 SUITE 206
 SEMINOLE FL 34642**

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 **D** ☐ Delete
 NAME **MCFADDEN, LISA**
 STREET ADDRESS **13057 89TH AVENUE**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **D** ☐ Change ☒ Addition
 NAME **Olea Lattimore**
 STREET ADDRESS **1771 Hawthorne Court**
 CITY-ST-ZIP **Oldsmar, FL 34677**

TITLE **D** ☒ Delete
 NAME **STARKEY, SHARI**
 STREET ADDRESS **10249 121ST AVENUE NORTH**
 CITY-ST-ZIP **LARGO FL 33773**

TITLE **D** ☐ Change ☒ Addition
 NAME **Jill Sassone**
 STREET ADDRESS **3201 71st Avenue N.**
 CITY-ST-ZIP **St. Petersburg, FL 33702**

TITLE **D** ☐ Delete
 NAME **WEISENBERG, SHERYL**
 STREET ADDRESS **100 98TH AVE N**
 CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **D** ☐ Change ☒ Addition
 NAME **Carol Lewis**
 STREET ADDRESS **9024 118th Way N.**
 CITY-ST-ZIP **Seminole, FL**

TITLE **D** ☒ Delete
 NAME **LEWIS, THOMAS**
 STREET ADDRESS **9024 118TH WAY N**
 CITY-ST-ZIP **SEMINOLE FL**

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

TITLE **D** ☒ Delete
 NAME **HARRIOTT, ELIZABETH**
 STREET ADDRESS **12 CLEARVIEW DR**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

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

TITLE **D** ☐ Delete
 NAME **HILL, LENISE**
 STREET ADDRESS **4418 MENHADEW DRIVE SE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 (727) 541-8972
 Date Daytime Phone #

CR2E037 (9/01)