

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47759

1. Entity Name

THE LEARNING CONNECTION OF NAPLES, INC.

Principal Place of Business

279 AIRPORT ROAD SOUTH
NAPLES FL 34104
US

Mailing Address

279 AIRPORT RD. S.
NAPLES FL 34104-3518
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILTABIDLE, BEVERLY
279 AIRPORT RD. S.
NAPLES FL 34105-3261

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 ☐ Delete
NAME GRAUEL, WILLIAM A.
STREET ADDRESS 765 FIFTH AVENUE, SO
CITY-ST-ZIP NAPLES FL 34102

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

TITLE VD ☐ Delete
NAME LONGE, THOMAS
STREET ADDRESS 850 PARK SHORE DR, #200
CITY-ST-ZIP NAPLES FL 34103

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

TITLE D ☐ Delete
NAME SWOPE, RICHARD L
STREET ADDRESS 4501 TAMiami TRAIL N, #204
CITY-ST-ZIP NAPLES FL

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

TITLE SD ☒ Delete
NAME BENNETT, RICHARD
STREET ADDRESS 3033 RIVIERA DRIVE, #201
CITY-ST-ZIP NAPLES FL 34103

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

TITLE TD ☒ Delete TD
NAME GIFFORD, BEVERLY
STREET ADDRESS 3811 FT. CHARLES DRIVE
CITY-ST-ZIP NAPLES FL 34102

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

TITLE TD ☐ Delete
NAME ROY G. NEUMANN
STREET ADDRESS 40 GOLF COTTAGE DR.
CITY-ST-ZIP NAPLES FL 34105

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: ROY G. NEUMANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00 941-649-0501

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2F037 (9/99)