

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47759

1. Entity Name

THE LEARNING CONNECTION OF NAPLES, INC.

Principal Place of Business

Mailing Address

279 S. AIRPORT ROAD  
NAPLES FL 34104  
US

279 AIRPORT RD. S.  
NAPLES FL 34104  
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

65-0344281

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

NAPLES-LAWDOCK, INC.  
4501 TAMiami TRAIL NORTH  
SUITE 300  
NAPLES FL 34103

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

TITLE P.D. Lisa Lottes ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 4501 Tamiami Tr. N.  
CITY-ST-ZIP Naples, FL 34103

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

TITLE SD Sally Barker ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 141 West St  
CITY-ST-ZIP Naples, FL 34108

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

TITLE D Beverly Smith ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 3811 Ft. Charles Dr.  
CITY-ST-ZIP Naples, FL 34102

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

TITLE TD Gerri Miller ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 4351 Gulfshore Blvd  
CITY-ST-ZIP Naples, FL 34103

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

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

TITLE ☐ Delete  
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:

*Sally Barker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02  
Date

239-649-0501  
Daytime Phone #

882900

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE