

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90090 031 ****61.25

DOCUMENT # N47759

1. Entity Name

THE LEARNING CONNECTION OF NAPLES, INC.



Principal Place of Business

**279 S. AIRPORT ROAD
NAPLES FL 34104
US**

Mailing Address

**279 AIRPORT RD. S.
NAPLES FL 34104
US**

30005513



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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LOTES, USA**
STREET ADDRESS **4501 TAMiami TR N**
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **SD** ☐ Delete
NAME **BARKER, SALLY**
STREET ADDRESS **141 WEST ST**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** ☐ Delete
NAME **SMITH, BEVERLY**
STREET ADDRESS **3811 FT CHARLES DR**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **TD** ☒ Delete
NAME **MILLER, GERI**
STREET ADDRESS **4351 GULF SHORE BLVD**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TO** ☐ Change ☒ Addition
NAME **Jane Lamberson**
STREET ADDRESS **9055 Strada Stell Ct.**
CITY-ST-ZIP **Naples, FL 34109**

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

01/21/03 649-0501

CR2E037 (10/02)