

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0087494

DOCUMENT # N94000005649

1. Entity Name

FOUNDATION FOR TRUE LEARNING, INC.

04-01-2002 90621 030 ****61.25

Principal Place of Business

Mailing Address

**1775 W. MANILA LANE
LECANTO FL 34461
US**

**P.O. BOX 640621
BEVERLY HILLS FL 34464-0621**

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3283643

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~**SALAS, DAVID
17803-D JAMESTOWN WAY
LUTZ FL 33549**~~

Name **DAVID SALAS**

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

1775 W. Manila Lane

City **LECANTO,**

FL

Zip Code **34461**

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 **COTTER, ANN MARIE**
STREET ADDRESS **2027 RED RIVER RD**
CITY-ST-ZIP **SYKESVILLE MD 21784**

TITLE **D** ☒ Change ☐ Addition
NAME **COTTER, ANNE MARIE**
STREET ADDRESS **1775 W. Manila Lane**
CITY-ST-ZIP **LECANTO, FL 34461**

TITLE **D** ☒ Delete
NAME **SALAS, PETER**
STREET ADDRESS **333 S ADAMS ST**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **D** ☐ Change ☒ Addition
NAME **SALAS, DAVID Paul Jr.**
STREET ADDRESS **233 LOCKETT STATION RD.**
CITY-ST-ZIP **ALBANY, GA 31707**

TITLE **D** ☐ Delete
NAME **SALAS, DAVID**
STREET ADDRESS **17803-D JAMESTOWN WAY**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☒ Change ☐ Addition
NAME **SALAS, DAVID**
STREET ADDRESS **1775 W. Manila Lane,**
CITY-ST-ZIP **LECANTO, FL 34461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

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

03/25/02 352-746-3478

Date Daytime Phone #

CR2E037 (9/01)