

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90218 022 ****61.25

UBR2330

DOCUMENT # N94000005904

1. Entity Name

THE LEARNING CENTER AT ANTIOCH, INC.

Principal Place of Business

**608 OAKLAND AVENUE
 OAKLAND FL 34760**

Mailing Address

**P.O. BOX 751
 OAKLAND FL 34760**

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

59-3282805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BRALAND, DAVID
 608 W. OAKLAND AVE.
 WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

Name

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

221 S. Boyd St.

City

Winter Garden

FL

Zip Code
34787

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRALAND, DARRYL	
STREET ADDRESS	550 S. BLUFORD AVE.	
CITY-ST-ZIP	OCCE FL 34787	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ALDERMAN, STEVE	
STREET ADDRESS	7211 SEAMANS BLUFF	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGINNIS, MARK	
STREET ADDRESS	15840-191 STATE RD. 50	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBBINS, LLOYD	
STREET ADDRESS	821 E. HARBOUR CT.	
CITY-ST-ZIP	OCCE FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBBINS, WENDY	
STREET ADDRESS	821 E. HARBOUR CT.	
CITY-ST-ZIP	OCCE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shirley King	
STREET ADDRESS	1528 E. Spring Ridge Circle	
CITY-ST-ZIP	Winter Garden, FL 34787	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Steve Alderman
STEVE ALDERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2001

Date

407-905-0444

Daytime Phone #

CR2E037 (10/00)