

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003861

1. Entity Name

MORNINGSTAR LEARNING CENTER INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90111 034 ****61.25

Principal Place of Business

Mailing Address

8200 BEE RIDGE RD
SARASOTA FL 34241

P O BOX 5502
SARASOTA FL 34277-5502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3376870

Applied For

Not Applied For

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

Name

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

City

FL

Zip Code

DITCHFIELD, STANLEY
717 37475 W COUNTRY CLUB DR N
APT 141
SARASOTA FL 34243

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 PD ☐ Delete

NAME JACQUELIN D. HOLLAND
STREET ADDRESS 2825 PINECREST ST
CITY-ST-ZIP SARASOTA FL

TITLE VDTD ☐ Delete

NAME 7173 STANLEY DITCHFIELD
STREET ADDRESS 7475 W COUNTRY CLUB DR N APT 141
CITY-ST-ZIP SARASOTA FL 34243

TITLE DS ☐ Delete

NAME 7172 JOAN DITCHFIELD
STREET ADDRESS 7475 W COUNTRY CLUB DR N APT 141
CITY-ST-ZIP SARASOTA FL 34243

TITLE DGIANCOLI ☐ Delete

NAME GHANGOLI, WENDY
STREET ADDRESS 1616 ADAMS DR W
CITY-ST-ZIP SUFFOLK VA 23433

TITLE D ☐ Delete

NAME KUTINSKY, DONNA
STREET ADDRESS 1121 HONORE AVE
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stanley Ditchfield VP

Jan 17 / 2000 941 377 6484