

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90175 035 \*\*\*\*61.25

**DOCUMENT # N96000004294**

1. Entity Name  
**LIGHT EDUCATION, INC.**



Principal Place of Business  
**3106 TANGLEWOOD DRIVE  
SARASOTA FL 34239**

Mailing Address  
**POST OFFICE BOX 15043  
SARASOTA FL 34277**

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 **65-0830968**

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

7. Name and Address of New Registered Agent

**SCHULTE, MARCIA W  
3106 TANGLEWOOD DR  
SARASOTA FL 34289**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** ☐ Delete  
NAME **SCHULTE, ALLAN A**  
STREET ADDRESS **3106 TANGLEWOOD DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34239**

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

TITLE **DPT** ☐ Delete  
NAME **SCHULTE, MARCIA W**  
STREET ADDRESS **3106 TANGLEWOOD DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34239**

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

TITLE **DS** ☐ Delete  
NAME **SCHULTE, BROOKE C**  
STREET ADDRESS **3106 TANGLEWOOD DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34239**

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

TITLE **D** ☒ Delete  
NAME **SWENSON, GORDON W**  
STREET ADDRESS **3106 TANGLEWOOD DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **D** ☐ Change ☒ Addition  
NAME **GINGER, DANIEL, B**  
STREET ADDRESS **5049 HIGEL AVE.**  
CITY-ST-ZIP **SARASOTA, FL. 34242**

TITLE **D** ☐ Delete  
NAME **PAGE, EDWARD**  
STREET ADDRESS **5400 OCEAN BLVD, #101**  
CITY-ST-ZIP **SARASOTA FL 34242**

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

TITLE **D** ☐ Delete  
NAME **OLIVIERI, DAVID**  
STREET ADDRESS **6154 TURNBURY PK DRIVE APT 2306**  
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☒ Change ☐ Addition  
NAME **6920 44th Ct. East**  
STREET ADDRESS **Sarasota, FL. 34243**  
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: *Marcia W. Schulte* **NOTARIZED PT 4-25-03 941-923-2800**

CR2E037 (10/02)