2000	ONIFORM BUS	INE22 KEPUH	I (UBK)	_				
DOCUMENT # N9900000642 1. Entity Name					FILED RETARY OF STAIL			
LOVE TO LEARN EDUCATIONAL CENTER, INC.				SECRETARY OF STATE STISION OF CORPORATION				
Principal Place of Business Mailing Address			 .	000	OCT 18 PM 3:30	•		
2424 NW 57TH PLACE GAINESVILLE FL 32609 2424 NW 57TH PLACE GAINESVILLE FL 32609								
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2. Principal Place of Business 125 N. W. 23Rd Ave. 125 N. W.			red Ave.					
Suita Apt. #ろ	#, etc. + 4.	Suite Apt. #, etc. # 3+4		DO NOT WRITE IN THIS SPACE				,
City & State	suille, + lorida	CANCS VILLE,	FloRINA	4. FEI Number 59 - 3	3552743	No	plied For Applicable	
324	09 Country	32609	<u>USA</u>		of Status Desired Address of New Poststers	\$8.75 Add Fee Required		
	6. Name and Address of Current	7. Name and Address of New Registered Agent - Name						
PALMER, LAVETTA L				Street Address (P.O. Box Number is Not Acceptable)				
	57TH PLACE LLE FL 32609		City			Zip Code	<u></u>	
g The shows	name pentity submits this statement for	r the nurnose of changing its red		tered agent, or bot		Zip Code		
a. The above		$\mathcal{D} \cap \mathcal{O}$	<i>j</i>	1 10	1	الدام		
SIGNATURE (Signalure, typed or brinted name of repistered agent	and title if applicable. (NOTE: Re	gistered Agent signature requi	(red when reinstating)	IMP /	0//4/00	2 .	
					\$5.00 May Be Make Check Payable to Department of State			
	OFFICERS AND DIE		11.	ADDITIONS/CH	ANGES TO OFFICERS AND		10	
TITLE	PCD	□ Delete	TITLE			☐ Change	Addition	(2/00)
NAME STREET ADDRESS	PALMER, LAVETTA L 2424 NW 57TH PLACE		NAME STREET ADDRESS		0000344 4- 10/26/08-	01083		E037 (
CITY-ST-ZIP	GAINESVILLE FL 32609		CITY-ST-ZIP		****150.1][] ****]	<u>50.00</u>	CRZE
TITLE NAME	D ROLLINS, ROSA	☐ Defete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	10508 SE HAWTHORNE RD GAINESVILLE FL 32611		STREET ADDRESS CITY-ST-ZIP		л.И			
TITLE NAME	D Taylor, Hazel	☐ Delete	TITLE NAME	MM	ひい	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	601 GIBSON AVE ARCHER FL 32618		STREET ADDRESS CITY-ST-ZIP	\mathcal{P}_{l} ,				
TITLE	V	☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS	DRAKE, NEIL A 3746 SW 2ND PLACE		NAME STREET ADDRESS	1				
CITY-ST-ZIP	GAINESVILLE FL 32607		CITY-ST-ZIP TITLE			☐ Change	☐ Addition	
TITLE NAME	NEWMAN, ARTHUR	L. Delete	NAME			[] Onlings	Addition	
STREET ADDRESS CITY-ST-ZIP	1802 NW 11TH RD GAINESVILLE FL 32605		STREET ADDRESS CITY-ST-ZIP					
TITLE	T	☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS	HARRIS, OSCAR L JR 2424 NW 57TH PLACE		NAME STREET ADDRESS					
CITY-ST-ZIP	GAINESVILLE FL 32609	All fills describe the second	CITY-ST-ZIP	Section 110 07/01/	D. Florida Chabatan 15-4	partific that the !-	formation	
indicated of the cor	certify that the information supplied with on this report or supplemental report is paration or the receiver or trustee emp	s true and accurate and that my s	signature shall have th	ie same legal effec	t as if made under oath: tha	t Lam an officer i	or director	
cnanged.	or on an attachment with an address,	with all other like empawered.			0 1	/	スにクリ	l
SIGNAT	or on an attachment with an address,	with all other the empawered.	Do LAIRE	HAL 1	Palmer 10	14/100	352) 381-19l	0

Dr. Timothy B. Hicks

8179 Galaxie Drive Jacksonville, Florida 32244 Phone: 904-772-7034 Fax: 904-779-5549



To:

Whom It May Concern

From:

Dr. Timothy B. Hicks, Bookkeeper Love To Learn Educational Center, Inc.

Subject:

2000 Uniform Business Report

Date:

October 16, 2000

Per instructions, attached is the completed 2000 Uniform Business Report (UBR) for the Love To Learn Educational Center, Inc.

The reason for the delay in submitting this form, according to Dr. Palmer (Owner), is because of a problem with her receiving mail which has been ongoing throughout the fiscal year. This document was given to me over the weekend and realizing it was past due, I called the Division of Corporations today. According to the representative, the Corporation was dissolved on September 22, 2000 and in order to reinstate the school's status of being incorporated, I must submit this letter along with the completed form and \$150.00. However, according to the form, the filing fee should be \$236.25 if received after September 13, 2000. Therefore, if a balance is still due, please notify me at the address below so that I may submit payment as soon as possible:

Dr. Timothy B. Hicks, Bookkeeper
 Love To Learn Educational Center, Inc.
 8179 Galaxie Drive
 Jacksonville, Florida 32244

Your cooperation in this matter is very much appreciated