

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

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90272 048 \*\*\*\*70.00

**DOCUMENT # N99000000642**

1. Entity Name  
**LOVE TO LEARN EDUCATIONAL CENTER, INC.**



Principal Place of Business

**125 N.W. 23RD AVE  
SUITE 3&4  
GAINESVILLE FL 32609**

Mailing Address

**125 N.W. 23RD AVE  
SUITE 3&4  
GAINESVILLE FL 32609**

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 **59-3552743**

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

**PALMER, LAVETTA L  
2424 NW 57TH PLACE  
GAINESVILLE FL 32609**

7. Name and Address of New Registered Agent

Name **Palmer, Dr. Lavetta L**

Street Address (P.O. Box Number is Not Acceptable) **125 NW 23rd Ave Suite 3**

City **Gainesville** FL Zip Code **32609**

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 **Dr. Lavetta L. Palmer, Dr. Lavetta L. Palmer 2/5/03**  
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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	PALMER, LAVETTA L	
STREET ADDRESS	2424 NW 57TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32609 32605	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROLLINS, ROSA	
STREET ADDRESS	10508 SE HAWTHORNE RD	
CITY-ST-ZIP	GAINESVILLE FL 32611	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, HAZEL	
STREET ADDRESS	601 GIBSON AVE	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DRAKE, NEIL A	
STREET ADDRESS	3746 SW 2ND PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	S	<input type="checkbox"/> Delete
NAME	TAYLOR, HAZEL	
STREET ADDRESS	601 GIBSON AVE	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRIS, OSCAR L JR	
STREET ADDRESS	2424 NW 57TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32609	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President, Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Lolita Gibbs Palmer	
STREET ADDRESS	4342 NW 15th Terrace	
CITY-ST-ZIP	Gainesville, FL 32605	
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: **Dr. Lavetta L. Palmer, President 2-5-03 (352) 381-1900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)