

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90782 031 ****61.25

DOCUMENT # N99000003231

NLC (M)

1. Entity Name

THE LEARNING DISABILITY INSTITUTE

Principal Place of Business

Mailing Address

1350 ORANGE AVE
 STE 100
 WINTER PARK FL 32789

1350 ORANGE AVE
 STE 100
 WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

1201 LOUISIANA AVE

1201 LOUISIANA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK FL

City & State

WINTER PARK FL

4. FEI Number

59-3580359

Applied For

Not Applicable

Zip

Country

32789

ORANGE

Zip

Country

32789

ORANGE

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

WALKER, LISA B
 1201 LOUISIANA AVE.
 WINTER PARK FL 32789

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: SVP ☒ Delete
 NAME: TUTTLE, KAY S
 STREET ADDRESS: 14 LIVE OAK RD
 CITY-ST-ZIP: WINTER GARDEN FL 34787

TITLE: P ☐ Change ☒ Addition
 NAME: Willis, Walter A.
 STREET ADDRESS: 2739 Glennedwin Court
 CITY-ST-ZIP: Apopka, FL 32712

TITLE: D ☒ Delete
 NAME: THOMAS, BARBARA
 STREET ADDRESS: 2251 FOUNTAIN KEY CIR
 CITY-ST-ZIP: WINDERMERE FL 34786

TITLE: VP ☐ Change ☒ Addition
 NAME: Brint, Stephen
 STREET ADDRESS: 327 Raven Rock Lane
 CITY-ST-ZIP: Longwood, FL 32750

TITLE: T ☐ Delete
 NAME: TAYLOR, BRENT
 STREET ADDRESS: 1236 RD DANDY DR
 CITY-ST-ZIP: ORLANDO FL 32818

TITLE: D ☐ Change ☒ Addition
 NAME: Burns, Raymond A.
 STREET ADDRESS: 1767 Ridgewood Avenue
 CITY-ST-ZIP: Maitland, FL 32751

TITLE: ☒ Delete
 NAME: PHILLIPS, ROGER V
 STREET ADDRESS: 1801 SANTA MARIA PLACE
 CITY-ST-ZIP: ORLANDO FL 32806

TITLE: D ☐ Change ☒ Addition
 NAME: Logas, Evelyn
 STREET ADDRESS: P. O. Box 1291
 CITY-ST-ZIP: Mt. Dora, FL 32756

TITLE: D/S ☐ Delete
 NAME: PHILLIPS, ROSEMARY B
 STREET ADDRESS: 1801 SANTA MARIA PLACE
 CITY-ST-ZIP: ORLANDO FL 32806

TITLE: D ☐ Change ☒ Addition
 NAME: McNahan, Phyllis
 STREET ADDRESS: 7902 Autumn Wood Drive
 CITY-ST-ZIP: Orlando, FL 32825

TITLE: D ☒ Delete
 NAME: SELLEN, JAMES A
 STREET ADDRESS: 450 JO-AL-CA AVE.
 CITY-ST-ZIP: WINTER PARK FL 32789

TITLE: D ☐ Change ☒ Addition
 NAME: Nelson, Ronald B.
 STREET ADDRESS: 2884 Naples Drive
 CITY-ST-ZIP: Winter Park, FL 32789

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

ROGER V. PHILLIPS

Daytime Phone #

407-644-4500

X260

CR2E037 (9/01)

Attachment
DOC# N99000003231/642169

LEARNING DISABILITY INSTITUTE:

Block 11, continued:

D

Weinberger, Amy
c/o The Thinking Center, 3900 Clark Road
Sarasota, FL 34233