

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90112 001 ****61.25

DOCUMENT # N99000003231

1. Entity Name

LEARNING DISABILITY INSTITUTE, INC.



Principal Place of Business

**1201 LOUISIANA AVE
WINTER PARK FL 32787**

Mailing Address

**1201 LOUISIANA AVE
STE 100
WINTER PARK FL 32787**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3580359**

Applied For

Not Applicable

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

**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. 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 **P** ☒ Delete
NAME **WALTER, WILLIS A**
STREET ADDRESS **2739 GLENEDWIN CT**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **V/D** ☒ Change ☐ Addition
NAME **BRINT, STEPHEN**
STREET ADDRESS **327 RAVEN ROCK LANE**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **VP** ☐ Delete
NAME **BRINT, STEPHEN**
STREET ADDRESS **327 RAVEN ROCK LANE**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **T/D** ☒ Change ☐ Addition
NAME **TAYLOR, BRENT**
STREET ADDRESS **1236 RED DANDY DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32818**

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 **D** ☒ 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 **805 EAST CRANE AVENUE**
CITY-ST-ZIP **MOUNT DORA, FL 32757**

TITLE **DS** ☒ Delete
NAME **PHILLIPS, ROSEMARY B**
STREET ADDRESS **1801 SANTA MARIA PLACE**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ Change ☒ Addition
NAME **MONAHAN, PHYLLIS**
STREET ADDRESS **7902 AUTUMN WOOD DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE **D** ☐ Delete
NAME **NELSON, RONALD B**
STREET ADDRESS **2884 NAPLES DR.**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☐ Change ☒ Addition
NAME **ALVAREZ, MYRIA**
STREET ADDRESS **4864 RED BRICK RUN**
CITY-ST-ZIP **LAKE FOREST, FL 32771**

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]

4/7/2003 407-292-9513

CR2E037 (10/02)

Attachment

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT

DOCUMENT # ¹⁰⁰³⁶⁴⁵⁷ N99000003231

LEARNING DISABILITY INSTITUTE, INC.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (CONTINUED)

~~D~~ ☒ ADDITION

Weinberger, Amy
c/o The Thinking Center
3900 Clark Road, Suite D-2,
Sarasota, FL 34233