

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90047 009 ***150.00

011431 AV

DOCUMENT # P00000059924

1. Entity Name

THE LEARNING TREE CHILD CARE DEVELOPMENT CENTER, INC.

Principal Place of Business

**4540 S. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32839**

Mailing Address

**4540 S. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32839**

2. Principal Place of Business

4540 S Orange Blossom Trail
 Suite, Apt. #, etc.

3. Mailing Address

4540 S. Orange Blossom Trail
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando FLA.

Zip
32839

Country

ORANGE

City & State

Orlando FLA.

Zip
32839

Country

ORANGE

4. FEI Number

59-3661754

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, WADE F JR.
 118 E. JEFFERSON ST.
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **JOHNSON, PRISCILLA A**
 STREET ADDRESS **4540 S. ORANGE BLOSSOM TRAIL**
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

CR2E034(9/01)