

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90081 045 ***150.00

DOCUMENT # P01000076730



1. Entity Name
THE LEARNING DEPOT OF SPRING HILL, INC.

Principal Place of Business
**11128 LIBBY RD.
SPRING HILL FL 34609**

Mailing Address
**11128 LIBBY RD.
SPRING HILL FL 34609**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3737182**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**HANNA, GAIL C
10464 HENDERSON ST.
SPRING HILL FL 34608**

Name
Hanna, Gail C.

Street Address (P.O. Box Number is Not Acceptable)
7692 Indian Trail Rd.

Weeki Wachee, FL 34613

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 *Gail C. Hanna*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **5/27/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | PS | <input type="checkbox"/> Delete |
| NAME | HANNA, GAIL C | |
| STREET ADDRESS | 10464 HENDERSON ST. | |
| CITY-ST-ZIP | SPRING HILL FL 34608 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | BRUZZI, NANCY | |
| STREET ADDRESS | 2388 AINSWORTH AVE. | |
| CITY-ST-ZIP | SPRING HILL-FL 34609 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| 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 607, 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: *Gail C. Hanna* **5/27/03** **352-688-0900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)