

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

*Page 1 of 2*

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DOCUMENT # P02000054107

1. Entity Name  
THE LEARNING CHRISTIAN SCHOOL, INC.



FILED

03 JUN 26 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
1840 DEAN ROAD  
JACKSONVILLE FL 32216

Mailing Address  
1840 DEAN ROAD  
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

MASTER, ESMIN  
11437 SWORDFISH DRIVE  
JACKSONVILLE FL 32218

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 \$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 ☐ Delete  
NAME P  
STREET ADDRESS MASTER, DOUGLAS  
CITY-ST-ZIP 11437 SWORDFISH DRIVE  
JACKSONVILLE FL 32218

TITLE ☐ Change ☐ Addition  
NAME 200021464862  
STREET ADDRESS 07/10/03--01064--015 \*\*150.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME V  
STREET ADDRESS MASTER, ESMIN  
CITY-ST-ZIP 11437 SWORDFISH DRIVE  
JACKSONVILLE FL 32218

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: *Douglas Master* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-23-03 (904) 727-9922

Date Daytime Phone #

CR2E034 (10/02)

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The Learning Christian School, Inc.  
1840 Dean Road, Jacksonville, Fl. 32216  
Telephone: (904) 727-9922

June 23, 2003.

Attn: Mr. Tyrone Scott

Dear Mr. Scott.

Due to a severe medical illness,  
and being incapacitated for a  
major period of time I was  
unable to meet the deadline  
for our company to be re-  
incorporated.

I has since recovered and I  
have enclosed \$150.00 to reincorporate  
for 2003. Please waive the late  
fees for this year. Your help is greatly  
appreciated.

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Sincerely  
Tom M. S.