

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000015034

1. Entity Name

THE LEARNING TREE DEVELOPMENTAL LEARNING CENTER, ✓

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90044 006 ***550.00

Principal Place of Business

207 EMERSON DR., NW
 PALM BAY FL 32907

Mailing Address

~~207 EMERSON DR., NW~~
~~PALM BAY FL 32907~~

ADDUJGJ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAM2

3. Mailing Address

203 Elm Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Melbourne Beach

City & State

City & State

4. FEI Number

59-3198569

Applied For

Not Applicable

Zip

Country

Zip

Country

32951

Breikard

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WHELPLEY, CHRISTOPHER D - Priscilla A.
 203 ELM AVENUE
 MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

Name: Priscilla Whelpley
 Street Address (Box Number is Not Acceptable):
 203 Elm Ave
 Melbourne Beach
 City: FL Zip Code: 32951

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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: PTD ☐ Delete
 NAME: WHELPLEY, PRISCILLA A
 STREET ADDRESS: 203 ELM AVENUE
 CITY-ST-ZIP: MELBOURNE BEACH FL

TITLE: ~~DVS~~ ☐ Delete
 NAME: ~~WHELPLEY, CHRISTOPHER D~~
 STREET ADDRESS: ~~203 ELM AVENUE~~
 CITY-ST-ZIP: ~~MELBOURNE BEACH FL 32951~~

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
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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
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 NAME:
 STREET ADDRESS:
 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)(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 11 or Block 12 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

Date

Daytime Phone #

Priscilla Whelpley 8-30-00 321-984-7723

CR2E034 (5/00)