

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 25, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000021354**

1. Entity Name  
**LEARNSOMETHING.COM, INC.**

Principal Place of Business 2840-E REMINGTON GREEN  TALLAHASSEE FL 32308	Mailing Address 2840-E REMINGTON GREEN  TALLAHASSEE FL 32308
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2. Principal Place of Business 2457 CARE DRIVE	3. Mailing Address 2457 CARE DRIVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State TALLAHASSEE FL	City & State TALLAHASSEE FL
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4. FEI Number <b>59-3236696</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 32308	Country	Zip 32308	Country
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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**

**PIERCE ROBERT A**  
 227 SOUTH CALHOUN STREET  
  
**TALLAHASSEE FL 32301**  
 US

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 \_\_\_\_\_ **01/25/2001**  
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, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERVILLE ANNE-LEE 359 STICKNEY HILL ROAD HOPKINTON NH 03229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATTERS WAYNE P.O. BOX 351 TALLAHASSEE FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYFIELD CATHERINE D 7510 BUCK LAKE RD TALLAHASSEE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSLEY CHARLIE 9 N PARKWAY SQUARE, 4200 NORTHSIDE PARKWAY ATLANTA GA 30327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MILLER WILTON R 3015 WINDSOR WAY TALLAHASSEE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLANTON THOMAS M 1215 BUCKINGHAM DR TALLAHASSEE FL 32308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CRUMPACKER WILLIAM J III 837 BROOKWOOD DR TALLAHASSEE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: WILLIAM J CRUMPACKER, III** **CEO** **01/25/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

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**TOM E. GREENE**  
**1551 JENNINGS MILL ROAD, #3200-B**

**BOGART, GA 30622**

**NICK PRINE, DIRECTOR**  
**RT. 3, BOX 127C**

**MONTICELLO, FL 32344**

**PAUL EUREK, DIRECTOR**  
**616 MOUNTAIN ROAD**

**WOODSTOCK, GA 30188**