

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000038579**

1. Entity Name

SUN COAST LEARNING CENTERS, INC.**FILED**
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90173 036 ***150.00

Principal Place of Business

**4350 W CYPRESS STREET
SUITE 101
TAMPA FL 33607**

Mailing Address

**4350 W CYPRESS STREET
SUITE 101
TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3340971

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

**BURDEN, BRIAN A
215 W VERNE STREET
SUITE D
TAMPA FL 33606**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PTD			
	ENTIN, GEORGE D			
	4350 W CYPRESS STREET SUITE 101			
	TAMPA FL 33607			

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	ENTIN, SCOTT J			
	5203 BAYSHORE BLVD #4			
	TAMPA FL			

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	BURDEN, BRIAN A			
	215 W VERNE STREET SUITE D			
	TAMPA FL 33606			

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

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

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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:**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****6/7/00 813-875-3571**
Date Daytime Phone #

CR2E034 (5/00)

Attachment
D# 9500038575
DW 69203

SUNCOAST LEARNING CENTERS

CORPORATE

Suite 101A

Tampa, FL 33607

871.2773

June 7th, 2000

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam,

Recently it has been brought to my attention that we did not receive our Uniform Business Report Filing Forms. I called the Division of Corporations and they stated that we could order them online. We did so and also received the second notice in the mail. I decided to use the second notice since all of the information was already on them. I was also informed that we would not be responsible for the late filing fee. We were to attach a letter and the fee would be waived. That is why the amount is for \$150.00 instead of \$550.00

If you have any questions, you can reach me at 813-875-3511.

Thank you,



Teri Hunter
Accountant

TAMPA