

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038579

1. Entity Name
SUN COAST LEARNING CENTERS, INC.

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90717 009 ***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**



DO NOT WRITE IN THIS SPACE

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)

120 SOUTH WILLOW AVE

City

TAMPA

FL

Zip Code

33606

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 \$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 **PTD** ☐ Delete
NAME **ENTIN, GEORGE D**
STREET ADDRESS **4350 W CYPRESS STREET SUITE 101**
CITY-ST-ZIP **TAMPA FL 33607**

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

TITLE **D** ☐ Delete
NAME **ENTIN, SCOTT J**
STREET ADDRESS **5203 BAYSHORE BLVD #4**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ Change ☐ Addition
NAME **ENTIN, SCOTT J**
STREET ADDRESS **10132 KINGS BRIDGE AVE.**
CITY-ST-ZIP **TAMPA, FL 33626**

TITLE **D** ☐ Delete
NAME **BURDEN, BRIAN A**
STREET ADDRESS **215 W VERNE STREET SUITE D**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☒ Change ☐ Addition
NAME **BURDEN, BRIAN A**
STREET ADDRESS **120 SOUTH WILLOW AVE**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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

J. SCOTT ENTIN

4/26/01

Date

813-870-0611

Daytime Phone #

CR2E034 (10/00)