

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044081

1. Entity Name

LEARNIT CORPORATION

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90019 014 \*\*\*150.00

Principal Place of Business

Mailing Address

2233 NW 41ST STREET  
SUITE 200  
GAINESVILLE FL 32606  
US

2233 NW 41ST STREET  
SUITE 200  
GAINESVILLE FL 32606-6643  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3318548

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

SUPPE, DENNIS R  
3955 NW 41ST CT  
GAINESVILLE FL 32606

Name

Suppe, Dennis R

Street Address (P.O. Box Number is Not Acceptable)

10215 SW 17th Place

City

Gainesville

FL

Zip Code

32607

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, 2000 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 PD ☐ Delete  
NAME SUPPE, DENNIS R  
STREET ADDRESS 3955 N.W. 41ST COURT  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE PD ☒ Change ☐ Addition  
NAME Suppe, Dennis  
STREET ADDRESS 10215 SW 17th Place  
CITY-ST-ZIP Gainesville, FL 32607

TITLE VS ☐ Delete  
NAME SUPPE, DEBBIE S  
STREET ADDRESS 3955 N.W. 41ST COURT  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE VS ☒ Change ☐ Addition  
NAME Suppe, Debbie  
STREET ADDRESS 10215 SW 17th Place  
CITY-ST-ZIP Gainesville, FL 32607

TITLE T ☐ Delete  
NAME CONNELL, TAMMY L  
STREET ADDRESS 4000 NW 51ST STREET APT L219  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE T ☒ Change ☐ Addition  
NAME Connell, Tammy  
STREET ADDRESS 3955 NW 41st Court  
CITY-ST-ZIP Gainesville, FL 32606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Tammy L Connell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-6-2000

Daytime Phone #

352-375-6655

X226

CR2E034 (9/99)