

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000044081****1. Entity Name**  
**LEARNT CORPORATION****FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90102 009 \*\*\*150.00

**Principal Place of Business**  
2233 NW 41ST STREET  
SUITE 200  
GAINESVILLE FL 32606  
US**Mailing Address**  
2233 NW 41ST STREET  
SUITE 200  
GAINESVILLE FL 32606  
US**2. Principal Place of Business**  
Suite, Apt. #, etc.**3. Mailing Address**  
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  
10215 SW 17TH PLACE  
GAINESVILLE FL 32607**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 \$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
PD	SUPPE, DENNIS R	10215 SW 17TH PL	GAINESVILLE FL 32607	<input type="checkbox"/>
VS	SUPPE, DEBBIE S	10215 SW 17TH PL	GAINESVILLE FL 32607	<input type="checkbox"/>
T	CONNELL, TAMMY L	3955 NW 41ST CT	GAINESVILLE FL 32606	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
V	Robert P. Dilbone, Jr.	3606 NW 109 Terrace	Gainesville, FL 32606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	William J. Pardi	1505 Fort Clarke Blvd. Apt 4-305	Gainesville, FL 32606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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**

1-16-2001

Date

352-375-6655x224

Daytime Phone #

CR2E034 (10/00)