

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000092595**

1. Entity Name

**LEARNING & DEVELOPMENT ZONE, INC.****FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90143 020 \*\*\*150.00

Principal Place of Business

Mailing Address

4618 SW 64 E  
BRADENTON FL 34208  
US4618 SW 64 E  
BRADENTON FL 34208  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0627949**Applied For  
Not Applicable5. 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

**WILCOX, DAVID W ESQ.**  
**308 13TH STREET WEST**  
**BRADENTON FL 34205**

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**MCCLELLAN, SHARON L**  
**1215 FRANKLIN AVE**  
**ELLENTON FL 34222** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**HAAS, JANICE S**  
**1107 26TH AVE. W**  
**PALMETTO FL 34221** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**ROMAN, DORIS A**  
**112 60TH ST NW**  
**BRADENTON FL 34209** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
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☐ DeleteTITLE  
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CITY-ST-ZIP  
☐ Change ☐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 changed, or on an attachment with an address, with all other like empowered. **Sharon L. McClellan** (941)**SIGNATURE: Sharon L. McClellan President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/10/2000**  
Date**748-5339**  
Daytime Phone #