

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064092

1. Entity Name
THE LEARNING ZONE, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90085 014 ***150.00

Principal Place of Business
1419 SUNSET POINT ROAD
CLEARWATER FL 34615

Mailing Address
6001 PARK BLVD
PINELLAS PARK FL 33781
US

00004887



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6001 Park Blvd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Pinellas Park FL

City & State

4. FEI Number 59-3393094

Applied For
Not Applicable

Zip 33781 Country Pinellas

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

MLINARICH, FAY B
2085 MASSACHUSETTES AVE NE
ST PETERSBURG FL 33703

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]*
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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MLINARICH, FAY B	
STREET ADDRESS	2085 MASS. AVE. NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MLINARICH, DEAN R	
STREET ADDRESS	2085 MASS. AVE. NE.	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARHADI, SHERRY	
STREET ADDRESS	4202 45 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, NIKKI	
STREET ADDRESS	1201 STONEY BROOK LANE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

CR2E034 (10/00)