

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90020 008 ***150.00

DOCUMENT # P96000065706

1. Entity Name

LEARNING TREE DAY SCHOOL, INC

Principal Place of Business

**201 VALLEY ROAD
 CRESTVIEW FL 32539
 US**

Mailing Address

**201 VALLEY ROAD
 CRESTVIEW FL 32539
 US**

2. Principal Place of Business

3. Mailing Address

P O Box 54489

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32216

USA

4. FEI Number

59-3393799

Applied For

Not Applicable

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

**AMANDA J. DAWSON
 119 LOUISE DRIVE
 CRESTVIEW FL 32536**

Name

Amanda J. Dawson

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

2362 Cool Springs Dr. North

City

Jacksonville

FL

Zip Code

32246

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, 2002 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 **DPST** ☐ Delete
 NAME **DAWSON, AMANDA J**
 STREET ADDRESS **119 LOUISE DR**
 CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **DPST** ☒ Change ☐ Addition
 NAME **Dawson, Amanda J.**
 STREET ADDRESS **2362 Cool Springs Dr. North**
 CITY-ST-ZIP **Jacksonville, FL 32246**
 Address

TITLE **DV** ☐ Delete
 NAME **DAWSON, WILLIAM H JR**
 STREET ADDRESS **119 LOUISE DR**
 CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **DV** ☒ Change ☐ Addition
 NAME **Dawson, William H. Jr.**
 STREET ADDRESS **2362 Cool Springs Dr. North**
 CITY-ST-ZIP **Jacksonville, FL 32246**
 Address

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 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:

Amanda J. Dawson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 Mar 02 904-683-3047

Date

Daytime Phone #

CR2E034 (9/01)