

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90033 041 \*\*\*150.00

0337842

**DOCUMENT # P98000003341**

1. Entity Name  
**SOUTHERN TAMPA LEARNING CENTER, INC.**

Principal Place of Business Mailing Address  
**1117 LAKEMONT DRIVE 1117 LAKEMONT DRIVE**  
**VALRICO FL 33594 VALRICO FL 33594**

708652



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**Ampere Plaza**  
 Suite, Apt. #, etc.  
**4255 Henderson Blvd**

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

City & State  
**Tampa, FL**

City & State

4. FEI Number **59-3494674**

Applied For  
 Not Applicable

Zip Country  
**33629 Hillsborough**

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

**BOWES, LYNDIA L**  
**1117 LAKEMONT DRIVE**  
**VALRICO FL 33594**

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 ☐ Delete  
 NAME **D BOWES, LYNDIA L**  
 STREET ADDRESS **1117 LAKEMONT DRIVE**  
 CITY-ST-ZIP **VALRICO FL 33594**

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

TITLE ☐ Delete  
 NAME **D REMENIH, RICHARD C**  
 STREET ADDRESS **1117 LAKEMONT DRIVE**  
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Change ☐ Addition  
 NAME  
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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: **Lynda Bowes** **Lynda Bowes**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-26-01 (813) 286-8329**  
 Date Daytime Phone #

CR2E034 (10/00)