

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075503

1. Entity Name

LET'S LEARN EDUCATIONAL RESOURCES, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90018 029 \*\*\*150.00

Principal Place of Business

Mailing Address

1909 - 34TH STREET NORTH  
ST. PETERSBURG FL 33713

1909 - 34TH STREET NORTH  
ST. PETERSBURG FL 33713-3605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3531256

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

FOSTER, DAVID W  
555 FOURTH STREET NORTH  
ST. PETERSBURG FL 33701

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             | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------|--------------------------|-------------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       | PD            |                          |                         | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       | RAPP, KAREN M | 101 BOUGH AVE            | CLEARWATER FL 33760     |                                 |       |      |                |             |                                 |                                   |
|       | DST           |                          |                         | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       | RAPP, DENA    | 4925 - 58TH AVENUE SOUTH | ST. PETERSBURG FL 33715 |                                 |       |      |                |             |                                 |                                   |
|       | D             |                          |                         | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       | RAPP, BARRY   | 101 BOUGH AVE            | CLEARWATER FL 33760     |                                 |       |      |                |             |                                 |                                   |
|       |               |                          |                         | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |               |                          |                         |                                 |       |      |                |             |                                 |                                   |
|       |               |                          |                         | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |               |                          |                         |                                 |       |      |                |             |                                 |                                   |
|       |               |                          |                         | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |               |                          |                         |                                 |       |      |                |             |                                 |                                   |

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: Karen Rapp Karen Rapp  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00  
Date

727-327-1549  
Daytime Phone #