

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049578

1. Entity Name

THE LEARNING CENTER, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90969 033 ***150.00

Principal Place of Business

Mailing Address

11315 ZODIAC DRIVE
 ORLANDO FL 32837

11315 ZODIAC DRIVE
 ORLANDO FL 32837-9016

2. Principal Place of Business

3. Mailing Address

11210 SOUTH ORANGE BLOSSOM TRAIL

11210 SOUTH ORANGE BLOSSOM TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

ORLANDO

4. FEI Number

59-3589677

Applied For

Not Applicable

Zip

32837

Country

ORANGE

Zip

32837

Country

ORANGE

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

EBERLE, SUSAN L ESQ.
 320 N. MAGNOLIA AVENUE
 SUITE A-9
 ORLANDO FL 32801

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 PS ☐ Delete

NAME PENN, ROBIN M
 STREET ADDRESS 11315 ZODIAC DRIVE
 CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Change ☐ Addition

TITLE VPT ☐ Delete

NAME PENN, DAVID R
 STREET ADDRESS 11315 ZODIAC DRIVE
 CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00

407-855-8444

CR2E034 (9/99)