

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004250

1. Entity Name

NATIONAL INSTITUTE FOR INNOVATIVE LEADERSHIP IN

Principal Place of Business

1310 LEWISVILLE-CLEMMONS ROAD
LEWISVILLE NC 27023

Mailing Address

1310 LEWISVILLE-CLEMMONS ROAD
LEWISVILLE NC 27023

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 56-2036688

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LIKEN, LINDA	
STREET ADDRESS	200 PINE ROAD	
CITY-ST-ZIP	LOUISVILLE KY 40207	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARTER, EVA	
STREET ADDRESS	206 ROSEWALK DRIVE	
CITY-ST-ZIP	NORMAN OK 73701	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CALDWELL, DEAN A	
STREET ADDRESS	1310 LEWISVILLE-CLEMMONS ROAD	
CITY-ST-ZIP	LEWISVILLE NC 27023	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITTEN, G T	
STREET ADDRESS	1710 MELROSE	
CITY-ST-ZIP	MURRAY KY 1=420-71	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSSWURM, JACKIE	
STREET ADDRESS	98 GOVERNOR'S ROAD	
CITY-ST-ZIP	HILTON HEAD SC 29928	
TITLE	D	<input type="checkbox"/> Delete
NAME	VINCI, YASMINA	
STREET ADDRESS	5017 B. STREET N.W.	
CITY-ST-ZIP	WASHINGTON DC 20007	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90093 013 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

1/11/01

334-712-3231