

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004633

1. Entity Name

RUE EDUCATIONAL PUBLISHERS, INC. - NURSING DIVIS

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90105 045 ***150.00

Principal Place of Business

14450 46TH ST N.
SUITE 112
CLEARWATER FL 33762

Mailing Address

14450 46TH ST N.
SUITE 112
CLEARWATER FL 33762

2. Principal Place of Business

150 McMullen Booth Rd. S.
Suite, Apt. #, etc.

3. Mailing Address

150 McMullen Booth Road. S.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clearwater, FL
Zip 33759 Country Pinellas

City & State

Clearwater, FL
Zip 33759 Country Pinellas

4. FEI Number 35-1799875

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

BERGSMAN, LARRY
14450 46TH ST N.
SUITE 112
CLEARWATER FL 34622

Name

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

150 McMullen Booth Road S.

City

Clearwater

FL

Zip Code

33759

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

TITLE P ☐ Delete
NAME HAAGSMA, D. PAUL
STREET ADDRESS 14450 46TH ST N., SUITE 112
CITY-ST-ZIP CLEARWATER FL 34622

TITLE V ☐ Delete
NAME HAAGSMA, BARBARA
STREET ADDRESS 14450 46TH ST N., SUITE 112
CITY-ST-ZIP CLEARWATER FL 34622

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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)(l), 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: *Barbara Haagasma*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 11, 01

Date

727

725 0005

Daytime Phone #

CR2E034 (10/00)