

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**  
 04-20-2001 90307 001 \*\*\*150.00

0003442

**DOCUMENT # L51386**  
 1. Entity Name  
**SERVICE & ADMINISTRATIVE INSTITUTE INTERNATIONAL**

Principal Place of Business      Mailing Address  
~~1209 SALT CREEK ISLAND DRIVE~~      ~~1209 SALT CREEK ISLAND DRIVE~~  
~~PONTE VEDRA BEACH FL 32082~~      ~~PONTE VEDRA BEACH FL 32082~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**3304 Sawgrass Village Cir**      **5800 Rainbow Springs Dr**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Ponte Vedra Beach**      **Chattanooga TN**  
 Zip      Country      Zip      Country  
**32082**      **St John**      **37416**      **Hamilton**

4. FEI Number      Applied For  
**59-3014880**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DONDERO, CORT**

7. Name and Address of New Registered Agent  
 Name      **Same**  
 Street Address (P.O. Box Number is Not Applicable)  
**3304 SAWGRASS VILLAGE CIRCLE**  
 City & State      Zip Code  
**Ponte Vedra Beach FL 32082**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	<b>DONDERO, CORT J.</b>	
STREET ADDRESS	<del>1209 SALT CREEK ISL DR</del>	
CITY-ST-ZIP	<del>PONTE VEDRA BCH FL</del>	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	<b>DONDERO, HELENE L.</b>	
STREET ADDRESS	<del>1209 SALT CREEK ISL DR</del>	
CITY-ST-ZIP	<del>PONTE VEDRA BCH FL</del>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>DONDERO, HELENE L.</b>	
STREET ADDRESS	<del>1209 SALT CREEK ISL DR</del>	
CITY-ST-ZIP	<del>PONTE VEDRA BCH FL</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cort Dondero</b>	
STREET ADDRESS	<b>5800 Rainbow Springs Dr.</b>	
CITY-ST-ZIP	<b>Chattanooga, TN 37416</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Helene Dondero</b>	
STREET ADDRESS	<b>5800 Rainbow Springs Dr.</b>	
CITY-ST-ZIP	<b>Chattanooga, TN 37416</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Helene Dondero</b>	
STREET ADDRESS	<b>5800 Rainbow Springs Dr.</b>	
CITY-ST-ZIP	<b>Chattanooga, TN 37416</b>	
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		

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: **Helene Dondero**      **4-13-01**      **423-344-2418**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)