

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90368 023 \*\*\*150.00

DOCUMENT # **L51386**



1. Entity Name  
**SERVICE & ADMINISTRATIVE INSTITUTE INTERNATIONAL, INC.**

Principal Place of Business  
~~3304 SAWGRASS VILLAGE CIR~~  
**PONTE VEDRA BEACH FL 32082**

Mailing Address  
**5800 RAINBOW SPRINGS DR  
CHATTANOOGA TN 37416**

**60016827**



2. Principal Place of Business  
**5131 OTTER CREEK DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**5800 Rainbow Springs**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Ponte Vedra Beach FL**  
Zip **32082** Country

City & State  
**Chattanooga TN**  
Zip **37416** Country

4. FEI Number **59-3014880**  
Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**DONDERO, CORT**  
~~3304 SAWGRASS VILLAGE CIRCLE~~  
**PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**5131 OTTER CREEK DR**  
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. I am familiar with, and accept the obligations of registered agent.  
*Cort Dondero*  
SIGNATURE \_\_\_\_\_ DATE **4-8-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DP DONDERO, CORT J. 5800 RAINBOW SPRINGS DR. CHATTANOOGA TN 37416</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DVS DONDERO, HELENE L 5800 RAINBOW SPRINGS DR. CHATTANOOGA TN 37416</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>T DONDERO, HELENE L. 5800 RAINBOW SPRINGS DR. CHATTANOOGA TN 37416</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *Cort Dondero* **SIGNATURE REQUIRED** **CORT Dondero** **4-8-03** **423-344-2463**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)