

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01613

1. Entity Name

FLORIDA ACADEMY OF SCIENCE AND TECHNOLOGY, INC.

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90010 040 \*\*\*\*61.25

Principal Place of Business

505 ANDROS LANE  
 INDIAN HBR BEACH FL 32937  
 US

Mailing Address

505 ANDROS LANE  
 INDIAN HBR. BEACH FL 32937  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2873241

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MIZEREK, JOE  
 505 ANDROS LANE  
 INDIAN HARBOUR BCH. FL 32937

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**  
**After September 13, 2000 min. will be \$236.25**

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 PD  Delete  
 NAME MIZEREK, JOE  
 STREET ADDRESS 505 ANDROS LANE  
 CITY-ST-ZIP INDIAN HARB.BCH. FL

TITLE ST  Delete  
 NAME MIZEREK, JOE  
 STREET ADDRESS 505 ANDROS LANE  
 CITY-ST-ZIP INDIAN HARB.BCH. FL

TITLE VD  Delete  
 NAME MIZEREK, CLAIRE  
 STREET ADDRESS 505 ANDROS LANE  
 CITY-ST-ZIP INDIAN HARB.BCH. FL

TITLE D  Delete  
 NAME DIGULLA, WENDY  
 STREET ADDRESS 505 ANDROS LANE  
 CITY-ST-ZIP MERRITT ISLAND FL

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME *VD MIZEREK, WENDY*  
 STREET ADDRESS *505 ANDROS LN.*  
 CITY-ST-ZIP *INDIAN HARBOR BCH, FL*

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 19.07(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 empowers.

SIGNATURE:

**SIGNATURE REQUIRED**

7-7-00

321 777-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 21 0017 1000