

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12266

1. Entity Name

FLORIDA INSTITUTE FOR WORKFORCE INNOVATION, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90095 008 ****70.00

0034826

Principal Place of Business

Mailing Address

812 SOUTHARD ST
P.O. BOX 2571
KEY WEST FL 33045

812 SOUTHARD ST
P.O. BOX 2571
KEY WEST FL 33045

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

59-2596359

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

KILLIAN, GAIL
HYATT 601 FRONT ST
KEY WEST FL 33040

Name Gale Killian (Correct Spelling)

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

Gale Killian, GALE Killian President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

✓ 1/9/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KILLIAN, GALE
STREET ADDRESS HYATT 601 FRONT ST
CITY-ST-ZIP KEY WEST FL ☐ Delete

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

TITLE ED
NAME WAITE, BRUCE DR.
STREET ADDRESS 27-B BLUE WATER DR
CITY-ST-ZIP KEY WEST FL ☐ Delete

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

TITLE VP
NAME ACEVEDO, MONIQUE
STREET ADDRESS 812 SOUTHARD ST.
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

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

TITLE T
NAME HARNERA, ELENA
STREET ADDRESS 1111 12TH ST.
CITY-ST-ZIP KEYWEST FL 33040 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Secretary
NAME Paula Rodriguez
STREET ADDRESS 7514 Mission St.
CITY-ST-ZIP Brooksville, FL 34613 ☐ Change ☒ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Bruce Waite

1/8/01

Date

305-293-6762

Daytime Phone #

CR2E037 (10/00)