# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 29, 2000 8:00 am**
**Secretary of State**
02-29-2000 90132 048 ****61.25

DOCUMENT # N92000000425

1. Entity Name

SUNSHINE STATE TEACHERS OF ENGLISH TO SPEAKERS O

| Principal Place of Business | Mailing Address |
|---|---|
| 630 S. ORANGE AVE<br>SUITE 103<br>SARASOTA FL 34236 | 630 S. ORANGE AVE<br>SUITE 103<br>SARASOTA FL 34236-7504 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 630 S. Orange Ave | 630 S. Orange Ave. |
| Suite, Apt. #, etc.: Suite 103 | Suite, Apt. #, etc.: Suite 103 |
| City & State: Sarasota, Fl. | City & State: Sarasota, Fl. |
| Zip: 34236 Country: USA | Zip: 34236 Country: USA |

4. FEI Number 59-1846978 ☐ 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 |
|---|---|
| GROGNET, ALLENE<br>630 S. ORANGE AVE<br>SUITE 103<br>SARASOTA FL 34236 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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** | 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | VDII<br>MORGAN, SANDRA<br>24 GARDEN MALL COURT<br>INGLIS FL 34449 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KRAFT, MICHAEL<br>1799 SE 17TH ST.<br>FT LAUDERDALE FL 33316 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD-1<br>SANTOS, MARILYN<br>519 RIVERWOOD CIRCLE<br>ORLANDO FL 32825 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GROGNET, ALLENE<br>630 S. ORANGE AVE., SUITE 103<br>SARASOTA FL 34236 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DUNLOP, KATHERINE<br>1701 PRUDENTIAL DR<br>JACKSONVILLE FL 32207 | ☐ 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 |

CR2E037 (9/99)

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 REQUIRED Allene Grognet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #