

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90004 045 ****61.25

DOCUMENT # *N 98000001790*
 1. Entity Name
ACTIONOMICS EDUCATIONAL INSTITUTE, INC.

00059651

Principal Place of Business Mailing Address
1521 DOLPHIN ST. 1521 DOLPHIN ST.
SARASOTA, FL 34236 SARASOTA, FL 34236

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 *65-0863868* Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CLIFFORD BAKER, MONA
1521 DOLPHIN STREET
SARASOTA, FL 34236

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>MONA CLIFFORD BAKER</i> <i>5211 CEDAR HAMMOCK DRIVE</i> <i>SARASOTA, FLORIDA 34232</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE-PRESIDENT</i> <i>W.E. BAKER</i> <i>5211 CEDAR HAMMOCK DRIVE</i> <i>SARASOTA, FLORIDA 34232</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY</i> <i>CAROL A. TAYLOR</i> <i>2115 WEBBER STREET</i> <i>SARASOTA, FLORIDA 34239</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER</i> <i>MARSHA D. PETREY</i> <i>4265 SANTO AVENUE</i> <i>SARASOTA, FLORIDA 34241</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR</i> <i>RICHARD G. SCHULMAN</i> <i>5551 BEAT OAK DRIVE</i> <i>SARASOTA, FL. 34232</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
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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 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: *MONA CLIFFORD BAKER* MONA CLIFFORD BAKER, P. 5/15/00 (941) 953-2526
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)