

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90055 016 ****61.25

DOCUMENT # N98000001790

1. Entity Name

ACTIONOMICS EDUCATIONAL INSTITUTE, INC.

Principal Place of Business

Mailing Address

**1521 DOLPHIN STREET
 SARASOTA FL 34236**

**1521 DOLPHIN STREET
 SARASOTA FL 34236**

001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0863838

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CLIFFORD BAKER, MONA
 1521 DOLPHIN STREET
 SARASOTA FL 34236**

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**

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	<input type="checkbox"/> Delete
NAME	BAKER, MONA CLIFFORD	
STREET ADDRESS	5211 CEDAR HAMMOCK DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BAKER, W.B.	
STREET ADDRESS	5211 CEDAR HAMMOCK DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, CAROL A	
STREET ADDRESS	2115 WEBBER STREET	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PETREY, MARTHA D	
STREET ADDRESS	4263 SANTO AVENUE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHULMAN, RICHARD E	
STREET ADDRESS	2911 WOODPINE COURT	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARMONY ANANDA FELDMAN	
STREET ADDRESS	2267 NIKLA LANE	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY MINICHOL	
STREET ADDRESS	1936 MORRILL ST	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY LINDER	
STREET ADDRESS	2122 OLD ARBOR CT.	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAYE MARTIN	
STREET ADDRESS	4006 RADNOR PL	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 information.

SIGNATURE: *Mona Clifford Baker* PRESIDENT 4/30/01 941-953-2524

CR2E037 (10/00)