

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050837

1. Entity Name

THE MILLENNIUM INSTITUTE, INC.

Principal Place of Business

Mailing Address

1748 INDEPENDENCE BOULEVARD
SUITE D4
SARASOTA FL 34234

1748 INDEPENDENCE BOULEVARD
SUITE D4
SARASOTA FL 34234-2151

2. Principal Place of Business

3. Mailing Address

1403 ST. GABRIELLE LN

318 INDIAN TRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. 3209

325

City & State

City & State

WESTON, FL

WESTON, FL

Zip

Country

Zip

Country

33326

USA

33326

USA

4. FEI Number

59-3515524

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

HARDY, LEONARD
6020 MARLECA DR
SARASOTA FL 34243

Name

HARDY, LEONARD

Street Address (P.O. Box Number is Not Acceptable)

1403 ST. GABRIELLE LN.

APT. 3209

City

WESTON

FL

Zip Code 33326

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

LEONARD HARDY PRESIDENT

3/24/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐
PSTD
HARDY, LEONARD
1748 INDEPENDENCE BOULEVARD
SARASOTA FL 34243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☒ Addition ☐
1403 ST. GABRIELLE LN #3209
WESTON, FL 33326

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 ☐

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CITY-ST-ZIP
Change ☐ Addition ☐

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CITY-ST-ZIP
Delete ☐

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LEONARD HARDY

3/24/00

954-217-4072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90017 009 ***150.00

631392



DO NOT WRITE IN THIS SPACE