2000 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2000 8:00 am **DOCUMENT # 593767** Secretary of State UNITED SCHOOLS, INC. 02-19-2000 90003 028 ***150.00 Mailing Address Principal Place of Business 2123 N. E. COACHMAN ROAD 2123 N. E. COACHMAN ROAD CLEARWATER FL 33765-2616 CLEARWATER FL 34625 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1896147 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EVANS, H. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2123 NE COACHMAN ROAD SUITE A **CLEARWATER FL 34625** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. M (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition DPST ☐ Delete TITLE TITLE NAME GORDON, JOHN NAME STREET ADDRESS STREET ADDRESS 2624 BRANDYWINE DR CITY-ST-ZIP CITY-ST-7IP **CLEARWATER FL 34621** Change ☐ Addition DVP TITLE Delete NAME eyler, fern STREET ADDRESS STREET ADDRESS 1126 TRAFALGAR DRIVE CITY-ST-7IP CITY-ST-ZIP **NEW PORT RICHEY FL 34655** Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 eport 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 artachment with an address with other like empowered.

INTED NAME OF SIGNING OFFICER OF DIRECTOR

GNATURE AND TYPED OR PR

FILED