

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749710

1. Entity Name

CBA INSTITUTE, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90020 009 ****61.25

Principal Place of Business	Mailing Address
7600 66TH STREET NORTH SUITE 200 P.O. BOX 2150 PINELLAS PARK FL 33780-2150 US	7600 66TH STREET NORTH SUITE 200 P.O. BOX 2150 PINELLAS PARK FL 33780-2150 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-1959483	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FISCHER, RODNEY S.
7600 66TH STREET NORTH
SUITE 200
PINELLAS PARK FL 34665

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code 33781

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 Rodney S. Fischer, Executive Officer 2/16/00

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	MCAULIFFE, STEVE	
STREET ADDRESS	7600 66TH ST N 200	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	T	<input type="checkbox"/> Delete
NAME	LINDSAY, WILLIAM	
STREET ADDRESS	7600 66TH ST N 200	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MAGGIO, FRANK	
STREET ADDRESS	7600 66TH N #200	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HABIB, DAVID	
STREET ADDRESS	7600 66TH ST N #200	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILEY, DOUG	
STREET ADDRESS	7600 66TH STREET NORTH, # 200	
CITY-ST-ZIP	PINELLA PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUARTETTI, RALPH	
STREET ADDRESS	7600 66TH STREET NORTH, # 200	
CITY-ST-ZIP	PINELLAS PARK FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Krauser, Peter	
STREET ADDRESS	7600 66th St N #200	
CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Puzzitiello, Ross	
STREET ADDRESS	7600 66th St N #200	
CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hinterkopf, Marie	
STREET ADDRESS	7600 66th St N #200	
CITY-ST-ZIP	Pinellas Park, FL 33781	
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 empowered.

SIGNATURE: SIGNATURE REQUIRED Steve McAuliffe 2/17/00 727-545-5536

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

CR2E037 (9/99)