

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754397

1. Entity Name

THE FLORIDA INSTRUCTIONAL DEVELOPMENT AGENCY, INC

FILED

00 FEB 28 AM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4628 MITCHER RD 4628 MITCHER RD
NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652-3164

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

02/28/00 90054 001 20.25
02/28/00 90054 002 20.40
02/28/00 90054 003 20.40

4. FEI Number NOT APPLICABLE 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
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code
-DANENBURG, WILLIAM P.
4628 MITCHER RD
NEW PORT RICHEY FL 34652

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	PTD	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANENBURG, WILLIAM P DR		NAME	Dr. Dick C. Rice	
STREET ADDRESS	4628 MITCHER RD		STREET ADDRESS	50 Hemlock Airt Rd.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		CITY-ST-ZIP	Orono, Me 04473	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAPOLD, GAIL M		NAME		
STREET ADDRESS	63360 PINE KNOLL CIR		STREET ADDRESS		
CITY-ST-ZIP	BEND OR 97701		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOTHMAN, REX C MR		NAME		
STREET ADDRESS	3 LOMA ALTA		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWYER, JAYNE N MS		NAME		
STREET ADDRESS	1168 MENLO DR		STREET ADDRESS		
CITY-ST-ZIP	ALTADENA CA 91001		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLAND, RICHARD G MR		NAME		
STREET ADDRESS	15210 AMBERLY DR., APT 1815		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

William P. Danenburg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-00 727-849-8185

Date

Daytime Phone #

CR2E037 (9/99)