

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90085 046 ***150.00

DOCUMENT # F75461

1. Entity Name
DON POWELL SEMINARS, INC.

Principal Place of Business
16100 NE 16 AVE
NORTH MIAMI BCH FL 33162

Mailing Address
16100 NE 16 AVE
NORTH MIAMI BCH FL 33162

2. Principal Place of Business
4700 SHERIDAN ST.
 Suite, Apt. #, etc.
BLDG P

3. Mailing Address
4700 SHERIDAN ST.
 Suite, Apt. #, etc.
BLDG. P

City & State
HOLLYWOOD, FL
 Zip
33021
 Country
US

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HOLLYWOOD, FL
 Zip
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4. FEI Number **59-2178250**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

POWELL, DONALD F
16100 NE 16 AVE
N MIAMI BCH FL 33162

7. Name and Address of New Registered Agent

Name - **JAMES - DONALD F. POWELL**
 Street Address (P.O. Box Number is Not Acceptable)
4700 SHERIDAN STREET
BLDG. P
 City **HOLLYWOOD** **FL** Zip Code **33021**

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 *Don Powell* **DONALD F. POWELL** 1/4/01
 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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	POWELL, DONALD F	
STREET ADDRESS	16100 NE 16 AVE	
CITY-ST-ZIP	N MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4700 SHERIDAN STREET, BLDG P
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Don Powell* **DONALD F. POWELL** 1/4/01 954-449-3000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)