## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 19, 2001 8:00 am DOCUMENT # F9900003768 **Secretary of State** RUSS WHITNEY'S WEALTH EDUCATION CENTERS, INC. 03-19-2001 90399 001 \*\*\*300.00 Principal Place of Business Mailing Address 4818 CORONADO PARKWAY 4818 CORONADO PARKWAY UUUI CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0925454 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired-. 🗆 ... Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMON, RONALD S Street Address (P.O. Box Number is Not Acceptable) 1342 COLONIAL PKWY, STE 22 FT MYERS FL 33907 City Zip Code 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE Delete TITLE Change Addition WHITNEY, RUSSELL A NAME 4818 CORONADO PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-7IP TITLE Delete\_ TITLE ☐ Change ☐ Addition **BREVOORT, RICHARD** NAME NAME **4818 CORONADO PARKWAY** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change SIMON, RONALD S NAME NAME 1342 COLONIAL PKWY, STE 22 STREET ADDRESS STREET ADDRESS FT MYERS FL CITY-ST-ZIP CITY-ST-78 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

 I hereby certify that the information indicated on this report or supplem of the corporation or the regeiver of changed, or on an attachment with

SUME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01 941-54Z-8999 Data Dayling Phone #

In this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if