

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004268

1. Entity Name

NATIONAL SAFE SCHOOL INSTITUTE, INC.

Principal Place of Business

940 HIGHLAND AVENUE
ORLANDO FL 32803

Mailing Address

940 HIGHLAND AVENUE
ORLANDO FL 32803-3237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3590349

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

ORNSTEIN, MARK L
940 HIGHLAND AVENUE
ORLANDO FL 32803

Name

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

City

FL

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)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	BURHOE, STEVE	
STREET ADDRESS	2561 GRASSY POINT DRIVE APT. 201	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORNSTEIN, MARK L	
STREET ADDRESS	940 HIGHLAND AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HALBIG, WOLFGANG	
STREET ADDRESS	2561 GRASSY POINT DRIVE, APT 201	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, RON	
STREET ADDRESS	2561 GRASSY POINT DRIVE, APT 201	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	T	<input type="checkbox"/> Delete
NAME	WELLS, RICHARD	
STREET ADDRESS	2561 GRASSY POINT DRIVE, APT 201	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	S	<input type="checkbox"/> Delete
NAME	STAVRAKIS, NATALIE	
STREET ADDRESS	101 PHILIPPE PARKWAY, SUITE 300	
CITY-ST-ZIP	SAFETY HARBOR FL 34647	

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
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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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407.804.8310



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90160 046 ***150.00