

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J37447

1. Entity Name

THE POWER WITHIN INSTITUTE, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90025 045 \*\*\*150.00

Principal Place of Business

Mailing Address

344 W DAYTON ST  
#111  
MADISON WI 53703  
US

344 W DAYTON ST  
#111  
MADISON WI 53703-0595  
US

2. Principal Place of Business

3. Mailing Address

19195 Cypress Vista Circle P.O. Box 595  
Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

FORT MYERS, FLORIDA

MATLACHA FL

Zip  
33912

Country  
USA

Zip  
33993

Country  
USA

4. FEI Number

59-2737529

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

JOAN MARGARET MAKI  
2743 JANET ST.  
MATLACHA FL 33993

Name

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

19195 Cypress Vista Circle

City FORT MYERS

FL

Zip Code 33912

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 NAME STREET ADDRESS CITY-ST-ZIP	P JOAN MARGARET MAKI 2743 JANET ST MATLACHA FL 33993	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERGUSON, DONALD C 344 W DATTIB ST #111 MADISON WI 53703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LO MONACO, KATHERINE 315 NORTH MAIN CANASTOTA NY 13032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19195 Cypress Vista Circle Fort Myers, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19195 Cypress Vista Circle FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D ATKINS, BARBARA 1723 Golf Club Drive; UNIT #3 NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

JOAN MARGARET MAKI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN MARGARET MAKI

FEB. 3 2000

Date

Daytime Phone #

CR2E034 (9/99)