

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001073

1. Entity Name  
THE INSTITUTE FOR NOTARY EDUCATION, LLC

FILED

01 APR 23 PM 5:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2722 APALACHEE PARKWAY  
TALLAHASSEE FL 32301

Mailing Address  
P.O. BOX 5707  
TALLAHASSEE FL 32314-5707



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONNELL, CARLA  
2722 APALACHEE PARKWAY  
TALLAHASSEE FL 32301

Name  
LISA K. Miller

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

City Tallahassee, FL FL Zip Code 32301

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

Lisa K. Miller

04-16-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
J. Derrick Huckleberry  
1906 Howell Branch Rd  
Winter Park, FL 32792

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100004135101--5  
-05/03/01--01149--021  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Mr. Donald Bell  
1016 Shalimar  
Tallahassee, FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Debbie Taylor  
5524 Apalachee Pkwy  
Tallahassee, FL 32314

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
LISA K. Miller  
449 Collinsford Rd  
Tallahassee, FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Lisa K. Miller

04-16-01 850 561 6784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0003691 AF

CR2E083 (11/00)