

2001 UNIFORM BUSINESS REPORT (UBR)

0003691 AF

DOCUMENT # **L00000001073**

FILED

1. Entity Name
THE INSTITUTE FOR NOTARY EDUCATION, LLC

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
1002 GUNTER STREET

3. Mailing Address
PO BOX 5617

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL

City & State
Tallahassee FL

4. FEI Number
59 362 6469

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CONNELL, CARLA
2722 APALACHEE PARKWAY
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
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** DATE **04-16-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE Director	NAME J. Derrick Huckleberry <input type="checkbox"/> Delete	TITLE	NAME
STREET ADDRESS 1906 Howell Branch Rd	CITY-ST-ZIP Winter Park, FL 32792	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS Mr. Donald Bell	CITY-ST-ZIP 1016 Shalimar Tallahassee, FL 32312	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS Director Debbie Taylor	CITY-ST-ZIP 5524 Apalachee Pkwy Tallahassee, FL 32314	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS Director Lisa K. Miller	CITY-ST-ZIP 449 Collinsford Rd Tallahassee, FL 32301	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	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** DATE **04-16-01** DAYTIME PHONE # **850 561 6784**

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

CR2E083 (11/00)