

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L51386

1. Entity Name

SERVICE & ADMINISTRATIVE INSTITUTE INTERNATIONAL

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90041 030 ***150.00

Principal Place of Business

SALT CREEK ISLAND DRIVE
 PONTE VEDRA BEACH FL 32082

Mailing Address

1209 SALT CREEK ISLAND DRIVE
 PONTE VEDRA BEACH FL 32082-2540

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DONDERO, CORT
 1209 SALT CREEK ISLAND DR
 PONTE VEDRA BCH FL 32082

4. FEI Number 59-3014880

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	DONDERO, CORT J.	
STREET ADDRESS	1209 SALT CREEK ISL DR	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	DONDERO, HELENE L.	
STREET ADDRESS	1209 SALT CREEK ISL DR	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DONDERO, HELENE L.	
STREET ADDRESS	1209 SALT CREEK ISL DR	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
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: *Helene Dondero*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00 904-285-5362
 Date Daytime Phone #

CR2E034 (9/99)