

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90307 001 ***150.00

0003442

DOCUMENT # L51386

1. Entity Name

SERVICE & ADMINISTRATIVE INSTITUTE INTERNATIONAL

Principal Place of Business

**1209 SALT CREEK ISLAND DRIVE
 PONTE VEDRA BEACH FL 32082**

Mailing Address

**1209 SALT CREEK ISLAND DRIVE
 PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

**3304 Sawgrass Village Cir
 Suite, Apt. #, etc.**

3. Mailing Address

**5800 Rainbow Springs Dr
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Ponte Vedra Beach

City & State

Chattanooga TN

4. FEI Number

59-3014880

Applied For

Not Applicable

Zip

32082

Country

St John

Zip

37416

Country

Hamilton

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

DONDERO, CORT

7. Name and Address of New Registered Agent

Name

Same

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

3304 SAWGRASS VILLAGE Circle

Ponte Vedra Beach FL

32082

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DP DONDERO, CORT J. 4200 SALT CREEK ISL DR PONTE VEDRA BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DONDERO, HELENE L. 4200 SALT CREEK ISL DR PONTE VEDRA BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONDERO, HELENE L. 4200 SALT CREEK ISL DR PONTE VEDRA BCH FL	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cort Dondero 5800 Rainbow Springs Dr. Chattanooga, TN 37416	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Helene Dondero 5800 Rainbow Springs Dr. Chattanooga, TN 37416	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Helene Dondero 5800 Rainbow Springs Dr. Chattanooga, TN 37416	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

Helene Dondero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-01 423-344-2418

CR2E034 (10/00)