

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000660

1. Entity Name

SCHOOL CONSULTANTS OF S.W. FLORIDA, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 AM 9:09

Principal Place of Business

14500 OCEAN BLUFF DRIVE
FT MYERS FL 33908

Mailing Address

14500 OCEAN BLUFF DRIVE
FT MYERS FL 33908-4953



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0674953

Applied For

Not Applicable

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

FREEMAN, PAUL H
9100 SOUTH DADELAND BLVD.
SUITE 1406
MIAMI FL 33156

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

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
MGRM
ZAIKOV, LUCIA
14500 OCEAN BLUFF DRIVE
FT. MYERS FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
mf 3/15/00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ZAIKOV, STUART
14500 OCEAN BLUFF DRIVE
FT. MYERS FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
200003174852--E
-03/17/00--01093--008
*****50.00 *****50.00

TITLE
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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:

Stuart Zaike
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2/28/00 941-437-3173

CR2E083 (9/99)