

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000660

1. Entity Name

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

Principal Place of Business

14500 OCEAN BLUFF DRIVE
FT MYERS FL 33908

Mailing Address

14500 OCEAN BLUFF DRIVE
FT MYERS FL 33908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc:

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED 42 2/6
01 JAN 30 PM 4: 02
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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

STUART R. ZAIKOV

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

14500 OCEAN BLUFF DRIVE

City

Fort Myers

FL

Zip Code

33908

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

Stuart R. Zaikov

STUART R. ZAIKOV

1/25/01

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

000003656970--5
-02/08/01--01015--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Stuart R. Zaikov

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

1/25/01

Date

941-439-3173

Daytime Phone #

CR2E083 (11/00)