

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-22-2001 90019 006 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003440

1. Entity Name

STATE OF FLORIDA ASSOCIATION OF INSTRUCTIONAL MA

Principal Place of Business

8263 WEYBRIDGE DR.
JACKSONVILLE FL 32244

Mailing Address

8263 WEYBRIDGE DR.
JACKSONVILLE FL 32244

2. Principal Place of Business

2100 Gulfview Blvd

3. Mailing Address

2100 Gulfview Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunedin FL

City & State

Dunedin FL

4. FEI Number

59-2896526

Applied For

Not Applicable

Zip

34698

Country

USA

Zip

34698

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JR., GRADY H LLM.
1279 KINGSLEY AVE., STE. 117
ORANGE PARK FL 32073

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIOUX, MICHAEL	
STREET ADDRESS	8263 WEYBRIDGE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUTIER, JERRY	
STREET ADDRESS	2100 GULFVIEW BLVD.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIOUX, PATRICIA A	
STREET ADDRESS	8263 WEYBRIDGE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRUBER, ANN DEE	
STREET ADDRESS	P.O. BOX 8422	
CITY-ST-ZIP	CORAL SPRINGS FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rutter, Gerald R.	
STREET ADDRESS	2100 Gulfview Blvd	
CITY-ST-ZIP	Dunedin FL 34698	
TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rutter, Lois	
STREET ADDRESS	2100 Gulfview Blvd	
CITY-ST-ZIP	Dunedin FL 34698	
TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Greg	
STREET ADDRESS	1608-1 Park Meadows Dr	
CITY-ST-ZIP	Ft. Meyers FL 33907	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBER, ANN DEE	
STREET ADDRESS	3410 GALT OCEAN DR #1610	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, JANKS	
STREET ADDRESS	1608-1 PARKMEADOWS DR	
CITY-ST-ZIP	FT. MYERS. FL 33907	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELTZER, CARL	
STREET ADDRESS	1471 LAKE FRANCIS DR	
CITY-ST-ZIP	AROPKA, FL 32712	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gerald R. Rutter REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 2001

Date

877-397-3700

Daytime Phone #

CR2E037 (10/00)