5/21

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N00000003440

1. Entity Name

STATE OF FLORIDA ASSOCIATION OF INSTRUCTIONAL MA

(AR)

Principal Place of Business	Mailing Address
8263 WEYBRIDGE DR. JACKSONVILLE FL 32244	8263 WEYBRIDGE DR. JACKSONVILLE FL 32244

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2100 Gulfview Blvd	2100 Gulfview Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunedin FL	City & State: Dunedin FL
Zip: 34698 / Country: USA	Zip: 34698 / Country: USA

4. FEI Number: 59-2896526 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, JR., GRADY H LL.M. 1279 KINGSLEY AVE., STE. 117 ORANGE PARK FL 32073	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 DIRORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☑ Delete	TITLE	P ☑ Change ☐ Addition
NAME	RIOUX, MICHAEL	NAME	Rutter, Gerald R.
STREET ADDRESS	8263 WEYBRIDGE DR.	STREET ADDRESS	2100 Gulfview Blvd
CITY-ST-ZIP	JACKSONVILLE FL 32244	CITY-ST-ZIP	Dunedin FL 34698
TITLE	D ☑ Delete	TITLE	V ☑ Change ☑ Addition
NAME	RUTIER, JERRY	NAME	Rutter, Lois
STREET ADDRESS	2100 GULFVIEW BLVD.	STREET ADDRESS	2100 Gulfview Blvd
CITY-ST-ZIP	DUNEDIN FL 34698	CITY-ST-ZIP	Dunedin FL 34698
TITLE	D ☑ Delete	TITLE	T/S ☑ Change ☑ Addition
NAME	RIOUX, PATRICIA A	NAME	Miller, Greg
STREET ADDRESS	8263 WEYBRIDGE DR.	STREET ADDRESS	1608-1 Park Meadows Dr
CITY-ST-ZIP	JACKSONVILLE FL 32244	CITY-ST-ZIP	Ft. Meyers FL 33907
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	GRUBER, ANN DEE	NAME	GRUBER, ANN DEE
STREET ADDRESS	P.O. BOX 8422	STREET ADDRESS	3440 GALT OCEAN DR #1610
CITY-ST-ZIP	CORAL SPRINGS FL 33705	CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	MILLER, JANKE
STREET ADDRESS		STREET ADDRESS	1608-1 PARKMEADOWS DR
CITY-ST-ZIP		CITY-ST-ZIP	FT. MYERS. FL 33907
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	SELTZER, CARL
STREET ADDRESS		STREET ADDRESS	1471 LAKE FRANCIS DR
CITY-ST-ZIP		CITY-ST-ZIP	APOPKA, FL 32712

CR2E037 (10/00)

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: [signature] REQUIRED — May 11, 2001 — 877-397-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #