

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01613

1. Entity Name

FLORIDA ACADEMY OF SCIENCE AND TECHNOLOGY, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90010 040 ****61.25

Principal Place of Business

505 ANDROS LANE
INDIAN HBR BEACH FL 32937
US

Mailing Address

505 ANDROS LANE
INDIAN HBR. BEACH FL 32937
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2873241

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MIZEREK, JOE
505 ANDROS LANE
INDIAN HARBOUR BCH. FL 32937

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
After September 13, 2000 min. will be \$236.25

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 PD
NAME MIZEREK, JOE
STREET ADDRESS 505 ANDROS LANE
CITY-ST-ZIP INDIAN HARB.BCH. FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST
NAME MIZEREK, JOE
STREET ADDRESS 505 ANDROS LANE
CITY-ST-ZIP INDIAN HARB.BCH. FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME MIZEREK, CLAIRE
STREET ADDRESS 505 ANDROS LANE
CITY-ST-ZIP INDIAN HARB.BCH. FL

☐ Delete

TITLE VD
NAME MIZEREK, WENDY
STREET ADDRESS 505 ANDROS LN.
CITY-ST-ZIP INDIAN HARBOR BCH, FL

☐ Change ☐ Addition

TITLE D
NAME DIGULLA, WENDY
STREET ADDRESS 505 ANDROS LANE
CITY-ST-ZIP MERRITT ISLAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-00

Date

321 777-0000

Daytime Phone #