

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N12266

FILED
Jan 09, 2003
Secretary of State

Entity Name: FLORIDA INSTITUTE FOR WORKFORCE INNOVATION, INC.

Current Principal Place of Business:

249 WEST UNIVERSITY AVE
SUITE A
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

249 WEST UNIVERSITY AVE
SUITE A
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-2596359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HERRERA, ELENA
1111 12TH ST
SUITE 308
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERRERA, ELENA
Address: 1111 12TH ST, SUITE 308
City-St-Zip: KEY WEST, FL 33040 US

Title: D () Delete
Name: SOMMERHOFF, MARILYN
Address: 19950 OVERSEAS HWY
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: VPD () Delete
Name: SCICCHITANO, MIKE
Address: 633 NW 8TH STREET
City-St-Zip: GAINESVILLE, FL 32601 US

Title: TD () Delete
Name: MILLER, KAY
Address: 1201 SIMONTON ST
City-St-Zip: KEYWEST, FL 33040 US

Title: S (X) Delete
Name: RODRIGUEZ, PAULA
Address: 7514 MISSION ST.
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: D () Delete
Name: KILLIAN, GALE
Address: 601 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELENA HERRERA

PD

01/09/2003

Electronic Signature of Signing Officer or Director

Date