

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90079 034 ****70.00

DOCUMENT # N30121

1. Entity Name

INSTITUTE OF SPECIALIZED TRAINING & MANAGEMENT,

Principal Place of Business

Mailing Address

853 E. HWY. 436
SUITE 200
CASSELBERRY FL 32707
US

853 E. HWY. 436
SUITE 200
CASSELBERRY FL 32707-5365
US

2. Principal Place of Business

853 SEMORAN BLVD

3. Mailing Address

853 SEMORAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

200

City & State

CASSELBERRY, FLORIDA

City & State

CASSELBERRY, FLORIDA

Zip

32707

Country

US

Zip

32707

Country

US

4. FEI Number

59-2942202

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASPRIA, CY
1040 BAYVIEW DR.
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

Casoria, Cy

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

1040 BAYVIEW DR #600

City

FT LAUDERDALE

FL

Zip Code

33304

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

TITLE **PDT** ☐ Delete
NAME **C.M. FIKE II**
STREET ADDRESS **1401 W. CYPRESS CREEK RD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **SD** ☐ Delete
NAME **LAMBETH, JAMES O**
STREET ADDRESS **17154 N.W. 856 TERRACE**
CITY-ST-ZIP **REDDICK FL 32626**

TITLE **D** ☐ Delete
NAME **PACE, JOE**
STREET ADDRESS **1230 S. SOUTHLAKE DR.**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

NAME
STREET ADDRESS
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☐ Change ☐ Addition

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 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: X **C.M. FIKE II**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2000 954-492-5353

Date

Daytime Phone #