2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State
02-10-2000 90061 049 ****61.25

DOCUMENT # N93000000863

1. Entity Name

CAST STONE INSTITUTE, INC.

Principal Place of Business	Mailing Address
10 W KIMBALL ST WINDER GA 30680 US	10 WEST KIMBALL STREET WINDER GA 30680-2535 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3170328 ☐ 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
KERCKHOFF, DANIEL C. 1901 ELSA AVENUE SUITE 230 NAPLES FL 33942	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCBRIDE, DENNIS 22001 W 83RD STREET SHAWMEE KS	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Charles Rager Ridge Rd, McClure PA 17841	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EDWARDS, JAMES 777 EDWARDS RD DUBUQUE IA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD David Laird 101 Johnston Cr., Palmetto, GA 30268	☐ Change X☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FOGELBERG, NANCY 2025 NORTH BROADWAY NEW ULM MN 56073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Fogelberg, Nancy (no change in address, just title)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M HARLAN, MIMI 10 W KIMBALL ST WINDER GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MILLER, FRED 2600 MARTIN LUTHER KING BLVD. COLUMBUS GA 31906	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Mark Kerckhoff SIGNATURE REQUIRED 1/27/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #