

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004839

1. Entity Name

LIFE IMPROVEMENT THROUGH EDUCATION, INC.

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90005 024 \*\*\*\*70.00

Principal Place of Business

701 CLEVELAND STREET  
CLEARWATER FL 34615

Mailing Address

P.O. BOX 763  
CLEARWATER FL 34617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

*none*

Suite, Apt. #, etc.

*none*

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3274907

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PAYNE, RANDY  
701 CLEVELAND STREET  
CLEARWATER FL 34615

7. Name and Address of New Registered Agent

Name

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

*same*

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

TITLE VPD  
NAME GUM, DON  
STREET ADDRESS 514 N. MISSOURI AVE., N  
CITY-ST-ZIP CLEARWATER FL 34615 ☐ Delete

TITLE PD  
NAME PAYNE, RANDY  
STREET ADDRESS 514 N. MISSOURI AVE.  
CITY-ST-ZIP CLEARWATER FL 34615 ☐ Delete

TITLE TSD  
NAME HEATH-PAYNE, SALLY  
STREET ADDRESS 514 N. MISSOURI AVE.  
CITY-ST-ZIP CLEARWATER FL 34615 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)