## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **N9400005070** Sep 18, 2000 8:00 am Secretary of State 1. Entity Name YELLOW MOUNTAIN INSTITUTE, INC. 09-18-2000 90018 049 \*\*\*\*61.25 Mailing Address Principal Place of Business PO BOX 205 3581 SARASOTA GOLF CLUB BLVD. SARASOTA FL 34240 BATESVILLE VA 22924 HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0534576 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ROYSE, LAUREL E 3581 SARASOTA GOLF CLUB BLVD. SARASOTA FL 34240 Zip Code 34242 Sarasota 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Delete TITLE 1255 Whitchall Place ROYSE, LAUREL E NAME STREET ADDRESS 3581 SARASOTA GOLF CLUB BLVD. STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP CITY-ST-7/E SARASOTA FL 1255 Whitehall Place Achange TITLE ☐ Delete TITLE ROYSE, DOUGLAS E NAME NAME 3581 SARASOTA GOLF CLUB BLVD. STREET ADDRESS STREET ADDRESS Sarasotu, FL 34242 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 1255 Whitchall Place Change - Addition TITLE TITLE Lopez, E. John NAME NAME 3581 SARASOTA GOLF CLUB BLVD. STREET ADDRESS STREET ADDRESS Surasota, FL 34242 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET AODRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Of Signature and typed or Printed Name of Signang Officer or Director

CR2E037 (5/00