

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 31, 2001 08:00 AM****Secretary of State****DOCUMENT # N94000005070**1. Entity Name  
YELLOW MOUNTAIN INSTITUTE, INC.

Principal Place of Business	Mailing Address
3581 SARASOTA GOLF CLUB BLVD.	PO BOX 205
SARASOTA FL	BATESVILLE VA
34240 US	22924 US

2. Principal Place of Business	3. Mailing Address
1255 WHITEHALL PLACE	5685 WYANT LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
SARASOTA FL	CHARLOTTEVILLE VA	<b>65-0534576</b>	Not Applicable
Zip	Country	Zip	Country
34242 US	22903 US		

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
ROYSE LAUREL E 3581 SARASOTA GOLF CLUB BLVD.  SARASOTA FL 34240 US	Name ROYSE LAUREL E Street Address (P.O. Box Number is Not Acceptable) 1255 WHITEHALL PLACE  City SARASOTA FL Zip Code 34242

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 \_\_\_\_\_ 05/31/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ E. JOHN	NAME	LOPEZ E. JOHN
STREET ADDRESS	3581 SARASOTA GOLF CLUB BLVD.	STREET ADDRESS	1255 WHITEHALL PLACE
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	SARASOTA FL 34242
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYSE DOUGLAS E	NAME	ROYSE DOUGLAS E
STREET ADDRESS	3581 SARASOTA GOLF CLUB BLVD.	STREET ADDRESS	1255 WHITEHALL PLACE
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	SARASOTA FL 34242
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYSE LAUREL E	NAME	ROYSE LAUREL E
STREET ADDRESS	3581 SARASOTA GOLF CLUB BLVD.	STREET ADDRESS	1255 WHITEHALL PLACE
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	SARASOTA FL 34242
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Laurel Elizabeth Royse Pres 05/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 05/31/2001 Faxing Phone #

CR2E037 (11/00)