2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **N96000000436** Apr 24, 2000 8:00 am Secretary of State ALL SCHOOL KIDS, INC. 04-24-2000 90097 036 ****61.25 Principal Place of Business Mailing Address 1605 MAIN ST 1605 MAIN ST SARASOTA FL 34236-5862 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3366817 Not Applicable Zip Country Zip _Country \$8.75 Additional ~ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BROWNING, ROBERT W JR. 1800 SECOND STREET, STE. 888 SARASOTA FL 34236 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: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **X**ddition TITLE XX Delete TITLE Change PD FICHERA, ALFRED NAME NAME MICHAEL W, MURPHY STREET ADDRESS STREET ADDRESS 3603 CLARK RD 1523 GEORGETOWN LANE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 SARASOTA, FL 34232 TITLE ☐ Delete TITI F ☐ Change ☐ Addition CHRISTENSEN, BEAIN NAME BRIAN NAME STREET ADDRESS STREET ADDRESS **700 US 41 BYPASS** CITY-ST-ZIP-CITY-ST-ZIP VENICE FL 34292 D ☐ Addition TITLE ☐ Delete TITLE XX Change O/Neil, George M. NAME O'NEIL, GEORGE M NAME STREET ADDRESS STREET ADDRESS 7304 CLOISTER DR 7304 Cloister Dr. CITY-ST-ZIE CITY-ST-ZIP SARASOTA FL 34231 Sarasota, FL 34231 ☐ Addition TITLE XX Delete TITLE ☐ Change NAME MECKLER, JAME NAME STREET ADDRESS 4738 COUNTRY MANOR DR STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP SARASOTA FL 34233 XX Change TITLE ☐ Delete TITLE ☐ Addition NAME weber, Christian W NAME Webber, Christian W. STREET ADDRESS 9000 TOWN CENTER PKWY STREET ADDRESS 9000 Town Center Pkwyy CITY-ST-ZIP CITY-ST-ZIP BRANDENTON FL 34202 Bradenton, FL 34202 Delete TITLE ☐ Change ☐ Addition 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)(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 addirect, with all other like empowered.

George M.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

O'Neil

2/1/00

Daytime Phone #