## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N96000002115

## NEW DIRECTION INSTITUTE, INCORPORATED

Principal Place of Business

## FILED Jan 22, 2000 8:00 am Secretary of State

01-22-2000 90029 011 \*\*\*\*69.00

Mailing Address 7545 WEST OAKLAND PARK BLVD. 7545 WEST OAKLAND PARK BLVD. LAUDERHILL FL 33319 LAUDERHILL FL 33319-4909 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0659008 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 Name Street Address (P.O. Box Number is Not Acceptable) **BROOKS, LEIGHTON** 7545 W OAKLAND PK BLVD LAUDERHILL FL 33319 Zip Code City Fl 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 - OFFICERS AND DIRECTORS ☐ Addition OP ☐ Delete TITLE TITLE NAME BROOKS, LEIGHTON NAME STREET ADDRESS STREET ADDRESS 660 E DAYTON CIR CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 Delete Treasurer TITLE DT TITLE Carol Marsh BROOKS, GRACELYN NAME 35 NW 1044 STREET ADDRESS STREET ADDRESS 660 E DAYTON CIR Plantation CITY-ST-ZIE CITY-ST-ZIP FT LAUDERDALE FL 33312 CHAIRMAN/VICE PRESIDEM Change ☐ Addition Delete TITLE TITLE JAMES E. HAMILTON NAME **BROOKS, DORREL** NAME 824 PEISINGINA AIR STREET ADDRESS STREET ADDRESS 660 E DAYTON CIR COLTLAND BODME FLA 3381) CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33312 Change Addition DV TITLE TITLE BRISTOL, ALTHEA NAME NAME STREET ADDRESS 101 NW 46TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete TITLE TITLE JAMES HAMILTON NAME NAME STREET ADDRESS STREET ADDRESS 824 PENNSYLVANIA AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 Change Addition ☐ Delete TITLE TITLE 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)(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:

10.

Daytime Phone #