2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empedanged, or on an attachment with an address

DOCUMENT # N9700000194 Feb 26, 2000 8:00 am 1. Entity Name Secretary of State STUDENT TO STUDENT, INC. 02-26-2000 90013 011 ****61.25 Principal Place of Business Mailing Address 3010 OVERSEAS HIGHWAY 3010 OVERSEAS HIGHWAY MARATHON FL 33050-2237 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0815114 Not Applicable Country Zip \$8.75 Additional 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) FRANKLIN D. GREENMAN, P.A. 5800 OVERSEAS HIGHWAY **SUITE 40** Zip Code MARATHON FL 33050 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 Pavable 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 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE STEURY, NATHAN REV NAME NAME STREET ADDRESS STREET ADDRESS 3010 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 ☐ Change TITLE ☐ Delete TITLE Addition NAME MORRIS, GERALD STREET ADDRESS STREET ADDRESS 550 122ND ST-OCEAN MARATHON FL 33050 CITY-ST-ZIP CITY-ST-ZIP-☐ Change Addition (**Delete** TITLE Son Roberts 325 122 nd St-Gulf TITLE NAME CHEON, GARY NAME STREET ADDRESS STREET ADDRESS P.O. BOX 500007 N/A CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 ☐ Delete ☐ Change ☐ Addition TITLE FEHSENFELD, BARBARA NAME STREET ADDRESS STREET ADDRESS 308 GALZADA DE BOUGANVILLA CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 ☐ Delete TITLE Change Addition TITLE DONNA HOOVER HARPER, DONNA NAME NAME STREET ADDRESS STREET ADDRESS 271 LIME AVE. CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 ☐ 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 (eport 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 exactly this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

impowered.