

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90064 037 ****70.00

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1. Entity Name

NEW CENTURY INSTITUTE, INC.



Principal Place of Business

**205 S. EOLA DRIVE
ORLANDO FL 32801**

Mailing Address

**3180 BISCAYNE BOULEVARD
MIAMI FL 33137**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

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

GISSEN, MATTHEW

**3180 BISCAYNE BOULEVARD
MIAMI FL 33137**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD	TITLE	
NAME	DIAZ, PHILIP	NAME	
STREET ADDRESS	555 STOCKTON ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	HAMILTON, NANCY L	NAME	
STREET ADDRESS	6655 66TH ST N.	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33781	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	FEULNER, JERRY PH.D.	NAME	
STREET ADDRESS	205 S. EOLA DR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	GISSEN, MATTHEW J.D.	NAME	
STREET ADDRESS	3180 BISCAYNE BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	OLK, THOMAS M.S.	NAME	
STREET ADDRESS	3333 WEST PENSACOLA STREET	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	CANTLEY, ERNEST PHD	NAME	
STREET ADDRESS	3875 TIGER BAY ROAD	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 33124	CITY-ST-ZIP	
TITLE		TITLE	CPD
NAME		NAME	CANTLEY, ERNEST PHD
STREET ADDRESS		STREET ADDRESS	3875 TIGER BAY ROAD
CITY-ST-ZIP		CITY-ST-ZIP	DAYTONA BEACH FL 33124

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: **MATTHEW GISSSEN**

MARCH 11, 2003 305-571-2628

CR2E037 (10/02)