

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # *N 98000001790*

1. Entity Name

*ACTIONOMICS EDUCATIONAL INSTITUTE, INC.***FILED**
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90004 045 ****61.25

00059651

Principal Place of Business
1521 DOLPHIN ST.
*SARASOTA, FL 34236*Mailing Address
1521 DOLPHIN ST.
SARASOTA, FL 34236

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

65-0863868

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLIFFORD BAKER, MONA
1521 DOLPHIN STREET
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	MONA CLIFFORD BAKER	5211 CEDAR HAMMOCK DRIVE	SARASOTA, FLORIDA 34232	<input type="checkbox"/>
VICE-PRESIDENT	W.E. BAKER	5211 CEDAR HAMMOCK DRIVE	SARASOTA, FLORIDA 34232	<input type="checkbox"/>
SECRETARY	CAROL A. TAYLOR	2115 WEBBER STREET	SARASOTA, FLORIDA 34239	<input type="checkbox"/>
TREASURER	MARTHA D. PETREY	4263 SANTO AVENUE	SARASOTA, FLORIDA 34241	<input type="checkbox"/>
DIRECTOR	RICHARD G. SCHULMAN	5551 BEAT OAK DRIVE	SARASOTA, FL. 34232	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *MONA CLIFFORD BAKER* MONA CLIFFORD BAKER, P. 5/15/00 (941) 953-2526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)