

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001790

1. Entity Name

ACTIONOMICS EDUCATIONAL INSTITUTE, INC.

Principal Place of Business

1521 DOLPHIN STREET
SARASOTA FL 34236

Mailing Address

1521 DOLPHIN STREET
SARASOTA FL 34236

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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 PD
NAME BAKER, MONA CLIFFORD
STREET ADDRESS 5211 CEDAR HAMMOCK DRIVE
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

TITLE VPD
NAME BAKER, W.B.
STREET ADDRESS 5211 CEDAR HAMMOCK DRIVE
CITY-ST-ZIP SARASOTA FL 34232 ☒ Delete

TITLE S
NAME TAYLOR, CAROL A
STREET ADDRESS 2115 WEBBER STREET
CITY-ST-ZIP SARASOTA FL 34239 ☒ Delete

TITLE T
NAME PETREY, MARTHA D
STREET ADDRESS 4263 SANTO AVENUE
CITY-ST-ZIP SARASOTA FL 34241 ☒ Delete

TITLE D
NAME SCHULMAN, RICHARD E
STREET ADDRESS 2911 WOODPINE COURT
CITY-ST-ZIP SARASOTA FL 34231 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME HARMONY ANANDA FELDMAN
STREET ADDRESS 2267 NIKLA LANE
CITY-ST-ZIP SARASOTA, FL 34231 ☐ Change ☒ Addition

TITLE SD
NAME TERRY MINICHOL
STREET ADDRESS 1936 MORRILL ST
CITY-ST-ZIP SARASOTA, FL 34236 ☐ Change ☒ Addition

TITLE T
NAME KELLY LINDER
STREET ADDRESS 2122 OLD ARBOR CT.
CITY-ST-ZIP SARASOTA, FL 34232 ☐ Change ☒ Addition

TITLE D
NAME JAYE MARTIN
STREET ADDRESS 4006 RADNOR PL
CITY-ST-ZIP SARASOTA, FL 34233 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Monna Clifford Baker* PRESIDENT 4/30/01 941-953-2524

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90055 016 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0863838 ☐ Applied For ☐ Not Applicable

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

CR2E037 (10/00)