

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001889

1. Entity Name

EDUCATING EVERYONE, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90178 011 ****61.25

Principal Place of Business

Mailing Address

1343 MAIN STREET
SUITE 400
SARASOTA FL 34236

1343 MAIN STREET
SUITE 400
SARASOTA FL 34236-5621



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0821020

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ZIMMER, R. SCOTT
1343 MAIN STREET
SUITE 400
SARASOTA FL 34236

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ZIMMER, ROBERT S
STREET ADDRESS 1741 ILLEHAW DR
CITY-ST-ZIP SARASOTA FL 34239

TITLE T/D ☐ Change ☒ Addition
NAME WALSH, DAVID
STREET ADDRESS 606 24TH AVENUE SOUTH, SUITE 606
CITY-ST-ZIP MINNEAPOLIS, MN 55454

TITLE TD ☒ Delete
NAME ZIMMER, ROBERT J
STREET ADDRESS 744 TYLER DRIVE
CITY-ST-ZIP SARASOTA FL 34236

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

TITLE SD ☐ Delete
NAME ROFAN, PAUL A
STREET ADDRESS 46 N WASHINGTON BLVD. #25A
CITY-ST-ZIP SARASOTA FL 34236

TITLE S/D ☒ Change ☐ Addition
NAME MORAN, PAUL A.
STREET ADDRESS 46 N. WASHINGTON BLVD., #25A
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: SIGNATURE OF ROBERT SCOTT ZIMMER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00

941-366-8686

Date

Daytime Phone #

CR2E037 (9/99)