

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003785

1. Entity Name

STRATEGIC POLICIES INSTITUTE, INC.

Principal Place of Business

Mailing Address

3409 INDUSTRIAL 27TH STREET  
FT. PIERCE FL 34946

3409 INDUSTRIAL 27TH STREET  
FT. PIERCE FL 34946-8633

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

65-0846005

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

DENMON, FELIX  
3409 INDUSTRIAL 27TH STREET  
FT. PIERCE FL 34946

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  
NAME MURPHY, CHARLES DR.  
STREET ADDRESS 21 AMERICAN BLVD.  
CITY-ST-ZIP ROSSVILLE GA 30741 ☐ Delete

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

TITLE VPD  
NAME LAROSE, JAMES P  
STREET ADDRESS 2404 LAKESIDE DRIVE  
CITY-ST-ZIP FREDERICK MD 21702 ☐ Delete

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

TITLE SD  
NAME DENMON, SHERRY  
STREET ADDRESS 3409 INDUSTRIAL 27TH STREET  
CITY-ST-ZIP FT. PIERCE FL 34946 ☐ Delete

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

TITLE TD  
NAME DENMON, FELIX  
STREET ADDRESS 3409 INDUSTRIAL 27TH STREET  
CITY-ST-ZIP FT. PIERCE FL 34946 ☐ Delete

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

TITLE D  
NAME MURPHY, RONALD  
STREET ADDRESS 21 AMERICAN BLVD.  
CITY-ST-ZIP ROSSVILLE GA 30741 ☐ Delete

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

TITLE D  
NAME WATERS, JOHN DR.  
STREET ADDRESS 1815 UNION AVENUE  
CITY-ST-ZIP CHATTANOOGA TN 37404 ☐ Delete

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: *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2000 561-595-6940

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90005 007 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE