

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90226 047 ****61.25

DOCUMENT # N98000005739

1. Entity Name

THE INSTITUTE FOR CONSUMER FINANCIAL EDUCATION,

Principal Place of Business

633 SO. ANDREWS AVE. STE. 402
FT. LAUDERDALE FL 33301

Mailing Address

633 SO. ANDREWS AVE. STE. 402
FT. LAUDERDALE FL 33301

2. Principal Place of Business

1650 N.E. 26 Street, #104
Suite, Apt. #, etc.

3. Mailing Address

1650 N.E. 26 Street, #104
Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL 33305

City & State

Fort Lauderdale, FL 33305

4. FEI Number

65-0874744

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

LEONARD, WILLIAM R
633 SO. ANDREWS AVE., STE. 402
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name
Richard D. Owen

Street Address (P.O. Box Number is Not Acceptable)
1650 N.E. 26 Street, Suite 104

City
Fort Lauderdale

FL Zip Code
33305

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.

Richard D. Owen

(NOTE: Registered Agent signature required when reinstating)

1/31/01
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 LEONARD, WILLIAM R
STREET ADDRESS 633 S. ANDRES AVENUE, SUITE 402
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

TITLE VD
NAME STANDART, JOHN
STREET ADDRESS 633 S. ANDREWS AVENUE, SUITE 402
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

TITLE TD
NAME OWEN, RICHARD D
STREET ADDRESS 1650 N.E. 26 STREET, SUITE 104
CITY-ST-ZIP FORT LAUDERDALE FL 33305 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS 633 S. Andrews Avenue, Suite 402
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard D. Owen

Date

Daytime Phone #

CR2E037 (10/00)