

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006233

1. Entity Name

INSTITUTE OF ALTERNATIVE LEARNING INTERNATIONAL

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90912 007 ****61.25

Principal Place of Business

Mailing Address

750 THOMPSON ROAD
 MAITLAND FL 32751

750 THOMPSON ROAD
 MAITLAND FL 32751-5321



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

52-2176496

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

EADY, FAYBELLE F
 4024 WATCH HILL RD
 ORLANDO FL 32808

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
NAME	FILMORE, AMY J	
STREET ADDRESS	750 THOMPSON ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FILMORE, LEROY SR	
STREET ADDRESS	750 THOMPSON ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FILMORE, LEROY JR	
STREET ADDRESS	750 THOMPSON ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Leroy Filmore, Sr.* LEROY FILMORE, SR. APRIL 28, 2000 (407)628-5598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)