

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006270

1. Entity Name

FLORIDIANS FOR SCHOOL CHOICE LEGISLATION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90154 049 ****70.00

Principal Place of Business	Mailing Address
1000 BRICKELL AVE., SUITE 900 MIAMI FL 33131	1000 BRICKELL AVE., SUITE 900 MIAMI FL 33131-3047

2. Principal Place of Business	3. Mailing Address
1000 Brickell Avenue	1000 Brickell Avenue
Suite, Apt. #, etc. 900	Suite, Apt. #, etc. 900

City & State	City & State
MIAMI, FL	MIAMI, FL
Zip	Zip
33131	33131
Country	Country
U.S.A.	U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0874012	Not Applicable
5. Certificate of Status Desired	Additional Fee Required
<input checked="" type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent
PERRONE, STEPHEN L 1000 BRICKELL AVE., SUITE 900 MIAMI FL 33131

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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 Heffernan 4.12.00 305.702.5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #