2000 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name

SEBRING PROJECT GRADUATION, INC.

Principal Place of Business	Mailing Address
129 SOUTH COMMERCE AVE SEBRING FL 33870	129 SOUTH COMMERCE AVE SEBRING FL 33870

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 65-0531845 — 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
LAW OFFICE OF JAMES F. MCCOLLUM PA 129 SOUTH COMMERCE AVE SEBRING FL 33870	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 resigning) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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	TITLE	PD Gail Umperovitch ☒ Change ☐ Addition
NAME	HOUSE, MARCIA	NAME	
STREET ADDRESS	1429 SE LAKEVIEW DR	STREET ADDRESS	2029 Gardenia Ave.
CITY-ST-ZIP	SEBRING FL 33870	CITY-ST-ZIP	Sebring, FL 33872
TITLE	VD ☑ Delete	TITLE	VD ☒ Change ☐ Addition
NAME	LAYTON, STEPHANIE	NAME	Marcia Percy
STREET ADDRESS	4313 VIRGINIA AVE	STREET ADDRESS	5021 Lancer Dr.
CITY-ST-ZIP	SEBRING FL 33872	CITY-ST-ZIP	Sebring, FL 33870
TITLE	STD ☑ Delete	TITLE	STD ☒ Change ☐ Addition
NAME	TRAVERS, BECKY	NAME	Kathy Dixon
STREET ADDRESS	111 MINI RANCH ROAD	STREET ADDRESS	4635 Hall Ave.
CITY-ST-ZIP	SEBRING FL 33870	CITY-ST-ZIP	Sebring, FL 33872
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (5/00)

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: Jack Umperovitch 8-29-00 (863) 471-5668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #