2000 UNIFORM BUSINESS REPORT (UBR)

09-05-2000 90028 011 ****61.25
N99000001828

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N99000001828

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

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE

FILE NOW: FEES $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. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOUSE, MARCIA 1429 SE LAKEVIEW DR SEBRING FL 33870	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gail Umperovitch 2029 Gardenia Ave. Sebring, FL 33872	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAYTON, STEPHANIE 4313 VIRGINIA AVE SEBRING FL 33872	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Marcia Percy 5021 Lancer Dr. Sebring, FL 33870	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD TRAVERS, BECKY 111 MINI RANCH ROAD SEBRING FL 33870	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STP Kathy Dixon 4635 Hall Ave. Sebring, FL 33872	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition

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 #