

2000 UNIFORM BUSINESS REPORT (UBR)

8/21/00-90207-048-\$61.25-\$61.25

DOCUMENT # N99000007375

FILED

1. Entity Name

SOLUTIONS IN EDUCATION FOR AT RISK CHILDREN, INC

00 SEP 29 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3542 N.W. 97TH BLVD.
GAINESVILLE FL 32606-7322

Mailing Address

3542 N.W. 97TH BLVD.
GAINESVILLE FL 32606-7322

2. Principal Place of Business

4926 NW 18th PL
Suite, Apt. #, etc.

3. Mailing Address

4926 NW 18th PL
Suite, Apt. #, etc.

City & State

Gainesville FL
32605 USA

City & State

Gainesville FL
32605 USA

4. FEI Number

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

DOMENECH, LYNN H

3542 N.W. 97TH BLVD. 4926 NW 18th PL
GAINESVILLE FL 32606-7322 32605

CHANGE
ADDRESS

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

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

TITLE PD
NAME DOMENECH, JOSEPH A JR.
STREET ADDRESS 4926 N.W. 18TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete

TITLE VD
NAME DOMENECH, LYNN H
STREET ADDRESS 4926 N.W. 18TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete

TITLE SD
NAME RANKIN, JOHN J
STREET ADDRESS 1275 PINE HARBOR POINTE CIRCLE
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

LYNN H DOMENECH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/00 (352) 313-3025

Date

Daytime Phone

CR2E037 (5/00)