

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90374 047 \*\*\*150.00

**DOCUMENT # P00000060547**

1. Entity Name

**FLORIDA PROFESSIONAL INSTITUTE, INCORPORATED**

Principal Place of Business

**444 WEST BOYNTON BEACH BLVD.  
BOYNTON BEACH FL**

Mailing Address

**444 WEST BOYNTON BEACH BLVD.  
BOYNTON BEACH FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65 1067546**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**-GREGORY, PETER ESQ  
444 WEST BOYNTON BEACH BLVD.  
BOYNTON BEACH FL**

7. Name and Address of New Registered Agent

Name **LINDA BROWN-McGRADY**

Street Address (P.O. Box Number is Not Acceptable)

**444 W. BOYNTON BEACH BLVD.**City **BOYNTON BEACH FL 33435**

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
 NAME **MANNING, ELLEN**  
 STREET ADDRESS **444 WEST BOYNTON BEACH BLVD.**  
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **LINDA BROWN-McGRADY**  
 STREET ADDRESS **444 W. BOYNTON BEACH BLVD**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

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

TITLE ☐ Change ☐ Addition  
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12.

SIGNATURE: **Linda Brown-McGrady**  
 SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR

**4/23/01 561-731-3990**  
 Date Daytime Phone #

CR2E034 (10/00)