

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083546

1. Entity Name

DRIVER IMPROVEMENT SCHOOLS OF CENTRAL FLORIDA, I

Principal Place of Business

1251 FARRELL DR.  
DE LEON SPRINGS FL 32130

Mailing Address

1251 FARRELL DR.  
DE LEON SPRINGS FL 32130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, E.A.  
1251 FARRELL DR.  
DE LEON SPRINGS FL 32130

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SMITH, CHARLES E  
CITY-ST-ZIP 1251 FARRELL DR.  
DE LEON SPRINGS FL 32130

TITLE ☐ Change ☒ Addition  
NAME D JOHN MOORE  
STREET ADDRESS 1220 NIGHT OWL CT  
CITY-ST-ZIP DELEON SPRINGS, FL 32130

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SMITH, EDITH A  
CITY-ST-ZIP 1251 FARRELL DR.  
DE LEON SPRINGS FL 32130

TITLE ☐ Change ☒ Addition  
NAME D LISA MOORE  
STREET ADDRESS 1220 NIGHT OWL CT  
CITY-ST-ZIP DELEON SPRINGS, FL 32130

TITLE ☐ Delete  
NAME ~~D~~  
STREET ADDRESS ~~JOHN MOORE~~  
CITY-ST-ZIP ~~1220 NIGHT OWL CT~~  
~~DELEON SPRINGS, FL 32130~~

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

TITLE ☐ Delete  
NAME ~~D~~  
STREET ADDRESS ~~LISA MOORE~~  
CITY-ST-ZIP ~~1220 NIGHT OWL CT~~  
~~DELEON SPGS, FL 32130~~

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90129 036 \*\*\*150.00

00003064



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3676266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)