FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 16, 2002 8:00 am Secretary of State P00000112044 DOCUMENT # 1. Entity Name 07-16-2002 90374 003 ***150.00 THE SOUTHERN LEADERSHIP INSTITUTE, INC. Principal Place of Business Mailing Address 24461 WOODSAGE DR. 24461 WOODSAGE DR. **BONITA SPRINGS FL 34134** BONITA SPRINGS FL 34134 . 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3706279 Not Applicable ¸ Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCINTOSH, STEPHEN S Street Address (P.O. Box Number is Not Acceptable) 24461 WOODSAGE DR. **BONITA SPRINGS FL 34134** City 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. I am familiar with, and accept the obligations of registered agent. 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Change ☐ Addition MCINTOSH, STEPHEN S NAME NAME STREET ADDRESS 24461 WOODSAGE DR. STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MCINTOSH, CONSTANCE L NAME NAME 24461 WOODSAGE DR. STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-7IP TITLE - 🗆 : Delete -Tittl F - - -==*-☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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. STEPHEN S. MYCIATUSH



Affahmas 9-7049 #P00000112049

July 10, 2002

Florida Department of State Division of Corporations PO Box 6327

Tallahassee, FL 32314

Per your guidance on the 2002 Uniform Business Report under "Frequently Asked Questions" item 8, I am requesting a waiver of the late fee as we did not receive prior notice and have just received our first UBR. Submitted as instructed is the original filing fee of \$150. Please contact me with any questions or other directions.

Sincerely.

Stephen S. McIntosh

CEO

c: William Stopps, CPA