

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90034 002 ***150.00

DOCUMENT # P32250

1. Entity Name

BUSINESS TRAINING INSTITUTE OF LAKELAND, INC.

Principal Place of Business

Mailing Address

2222 S FLORIDA AVE
 LAKELAND FL 33813

4222 S FLORIDA AVE
 LAKELAND FL 33813-1628
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3047607

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUTLAND, VALERIE
323 LAKE MARIAM BOULEVARD
WINTER HAVEN FL 33884

Address change only

Name **Valerie Rutland**

Street Address (P.O. Box Number is Not Acceptable)
1416 E. Washington St.

City **Orlando**

FL

Zip Code **32801**

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, 2000 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 **PD MELLETT, JAMES P., JR.**
 STREET ADDRESS **24 OLD TAPPAN ROAD**
 CITY-ST-ZIP **OLD TAPPAN NJ**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD GRAEME, DORRAS**
 STREET ADDRESS **160 EAST ROUTE 4**
 CITY-ST-ZIP **PARAMUS NJ**

TITLE Change Addition
 NAME **VD GRAEME, DORRAS**
 STREET ADDRESS **642 Victoria Terrace**
 CITY-ST-ZIP **Paramus NJ 07652**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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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: *Darlene Donovan* **Darlene Donovan** 1-20-00 863-646-1400

SIGNATURE: *Valerie Rutland* **Valerie Rutland** 1-20-00

CR2E034 (9/99)