

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P940000 22 756

FILED

00 JUN -9 PM 3:46

1. Entity Name

DRIVER IMPROVEMENT CENTERS OF FLORIDA, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

415 N. DIXIE HWY, STE 1  
LAKE WORTH, FL 33460

Mailing Address

415 N. DIXIE HWY, STE 1  
LAKE WORTH, FL 33460

2. Principal Place of Business

415 N. DIXIE HWY

3. Mailing Address

415 N. DIXIE HWY

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

SUITE 1

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

05-0476435

Applied For

Not Applicable

Zip

33460

Country

PAUM BEACH

Zip

33460

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARHAM, MARGARET W.  
1325 S. CONGRESS AVE  
SUITE 202  
BOYNTON BEACH, FL 33426

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
415 N. DIXIE HWY  
SUITE 1  
City LAKE WORTH FL Zip Code 33460

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

TITLE	PDV	<input type="checkbox"/> Delete
NAME	PARHAM, MARGARET W.	
STREET ADDRESS	1325 S. CONGRESS AVE. STE 202	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NOLAN, MICHAEL	
STREET ADDRESS	931 VILLAGE BOULEVARD, SUITE 908-206	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	415 N. DIXIE HWY, STE 1	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	415 N. DIXIE HWY, STE 1	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MARGARET W. PARHAM *[Signature]* 6/5/00 (561) 588-3848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)