

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028580

1. Entity Name

SDI WEALTH INSTITUTE, INC.

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90003 014 \*\*\*150.00

Principal Place of Business

9799 ST AUGUSTINE RD  
JACKSONVILLE FL 32257

Mailing Address

9799 ST AUGUSTINE RD  
JACKSONVILLE FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3354094

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOTOLAW INC  
50 NORTH LAURA STREET  
SUITE 2750  
JACKSONVILLE FL 32202

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 DP ☐ Delete  
NAME REECHER, DAVID A  
STREET ADDRESS 9799 OLD ST. AUGUSTINE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE ST ☐ Delete  
NAME ALWAREZ, JOSE A  
STREET ADDRESS 9799 OLD ST. AUGUSTINE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VP, S, T ☒ Change ☐ Addition  
NAME ALVAREZ  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☒ Delete  
NAME RACH, RAYMOND  
STREET ADDRESS 9799 OLD ST. AUGUSTINE RD  
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition  
NAME LEGRAND, RON  
STREET ADDRESS 9799 OLD ST AUGUSTINE RD  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Change ☐ Addition  
NAME CARLSON, STEVE  
STREET ADDRESS 9799 OLD ST. AUGUSTINE RD.  
CITY-ST-ZIP JACKSONVILLE, FL 32257

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

JOSE A. ALVAREZ VP, S, T

4-11-01  
Date

904-886-2985  
Daytime Phone #

CR2E034 (10/00)