2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # **P95000058016**

1. Entity Name

Principal Place of Business

PEOPLE DEVELOPMENT INCORPORATED

FILED Sep 12, 2000 8:00 am Secretary of State

09-12-2000 90006 028 ***550.00

3200 N FEDERAL HWY 3200 N FEDERAL HWY STE 105 **STE 105** A0076173 **BOCA RATON FL 33431 BOCA RATON FL 33431** Mailing Address Principal Place of Business Pedera is te Devel opmen ite, Apt #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 05 City & State Applied For 4. FEI Number & State 65-0600271 a40m Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARBERT, STEPHEN E Street Address (P.O. Box Number is Not Acceptable) 3200 N. FEDERAL HWY **SUITE 105 BOCA RATON FL 33431** 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Delete TITL F GARBER, DENISE L NAME 2201 BANYAN ROAD 1075 Hibiscus Ln. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME GREER, SUSAN NAME STREET ADDRESS STREET ADDRESS 2556 CLERMONT ST CITY-ST-ZIP CITY-ST-7IP DENVER CO 80207 ☐ Change ☐ Addition ☐ Delete TITLE TITLE GARBER, STEPHEN E NAME 2901 BANYAN ROAD 1075 Hibisaus Ln. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00

561-361-0440 Daytime Phone # E034 (5/00)