

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044595

1. Entity Name

BOB'S LANGUAGE INSTITUTE INC.

FILED

Mar 25, 2000 8:00 am  
Secretary of State

03-25-2000 90016 038 \*\*\*155.00

Principal Place of Business

Mailing Address

5850 LAKEHURST DR  
2504  
ORLANDO FL 32819  
US

2167 S KIRKMAN RD  
APT 205  
ORLANDO FL 32811-2589  
US

2. Principal Place of Business

3. Mailing Address

5850 LAKEHURST DR

5850 LAKEHURST DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

225

225

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32819

USA

32819

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARALDI, FERRUCCIO R  
2167 S KIRKMAN RD  
APT 205  
ORLANDO FL 32811

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

03/22/00

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 ☒ **\$5.00 May Be**  
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PT  
STREET ADDRESS ARALDI, FERRUCCIO R.  
CITY-ST-ZIP 2167 S KIRKMAN RD #205  
ORLANDO FL 32811

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Delete  
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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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/22/00

107-248-2210