

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091239

1. Entity Name

INFORMED.COM, INC.

FILED

00 OCT 13 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2132 WOODBRIDGE LOOP  
LONGWOOD FL 32779

2132 WOODBRIDGE LOOP  
LONGWOOD FL 32779-4973

SAME

217 N. WESTMONTE DR  
SUITE 3023

2. Principal Place of Business

3. Mailing Address

217 N. WESTMONTE DR.

217 N. WESTMONTE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3023

3023

City & State

City & State

ALTAMONTE SPRINGS, FL

ALTAMONTE SPRINGS FL

Zip

Country

Zip

Country

32714

32714

4. FEI Number

59-3498294

Applied For

Not Applicable

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

RICHMAN, BARRY  
2132 WOODBRIDGE LOOP  
LONGWOOD FL 32779

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, 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 D  
NAME RICHMAN, BARRY  
STREET ADDRESS 2132 WOODBRIDGE LOOP  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE D  
NAME KEROUAC, MICHAEL  
STREET ADDRESS 1074 AMBER RIDGE RD.  
CITY-ST-ZIP CHARLOTTESVILLE VA 22901 ☐ Delete

TITLE ~~DP~~  
NAME ~~GILLO, MATTHEW~~  
STREET ADDRESS ~~645 VALAHATLA WAY, STE #107~~  
CITY-ST-ZIP ~~LAKE MARY FL 32746~~ ☒ Delete

TITLE S  
NAME NEMBLAY, GEORGE P  
STREET ADDRESS 1731 VALLEY FORGE AVE  
CITY-ST-ZIP FT COLLINS CO 80520 ☐ Delete

TITLE V  
NAME POTTER, MARK  
STREET ADDRESS 209 WILDCREEK CT  
CITY-ST-ZIP LONGWOOD FL 32779 ☒ Delete

TITLE D  
NAME ~~GEORGE, CARL~~  
STREET ADDRESS 301 4TH AVE, STE #7800  
CITY-ST-ZIP MINNEAPOLIS MN 55415 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
900003441469-9  
-10/27/00--01007--003  
\*\*\*\*550.00 \*\*\*\*550.00

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

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

TITLE S  
NAME TREMBLAY, GEORGE P.  
STREET ADDRESS 1731 VALLEY FORGE AVE.  
CITY-ST-ZIP FT COLLINS CO 80520 ☒ Change ☐ Addition

TITLE V  
NAME POTTER, MARK  
STREET ADDRESS 209 WILDCREEK CT  
CITY-ST-ZIP LONGWOOD, FL 32779 ☒ Change ☐ Addition

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 30, 2000

407 865 7134

CR2E034 (9/99)