

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104045

1. Entity Name

INFORMED DISCOVERY, INC.

Principal Place of Business

4400 PGA BLVD
#303
PLM BCH GARDENS FL 33410

Mailing Address

PO BOX 32772
PLM BCH GARDENS FL 33420-2772

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0828678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, DAVID F
900 EAST INDIANTOWN ROAD
SUITE 301
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

DAVID F. TAYLOR

Street Address (P.O. Box Number is Not Acceptable)

4400 PGA BLVD STE. 303

City

PALM BEACH GARDENS FL

Zip Code

33410

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	D	<input type="checkbox"/> Delete
NAME	TAYLOR, DAVID F.	
STREET ADDRESS	4400 PGA BLVD #303	
CITY-ST-ZIP	PLM BCH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHILLING, SUSAN L.	
STREET ADDRESS	4400 PGA BLVD #303	
CITY-ST-ZIP	PLM BCH GARDENS FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAMSON, STEPHEN	
STREET ADDRESS	4400 PGA BLVD #303	
CITY-ST-ZIP	PLM BCH GARDENS FL 33410	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLING, SUSAN L.	
STREET ADDRESS	SAME	
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		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90138 046 ***150.00



DO NOT WRITE IN THIS SPACE