

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105988

1. Entity Name

CARLINO-JOHNSTON INSTITUTE FOR ORGANIZATIONAL PE

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90017 037 ***150.00

Principal Place of Business

Mailing Address

9230 CYPRESS HOLLOW DRIVE
PALM BEACH GARDENS FL 33418

9230 CYPRESS HOLLOW DRIVE
PALM BEACH GARDENS FL 33418-4578

2. Principal Place of Business

3. Mailing Address

4362 NORTHLAKE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 101

City & State

City & State

PALM BEACH GARDENS, FL

Zip

Country

Zip

33410

Country

USA

4. FEI Number

65-0802341

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

CARLINO, DIANE
9230 CYPRESS HOLLOW DRIVE
PALM BEACH GARDENS FL 33418

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 ☐ Delete
NAME D
STREET ADDRESS CARLINO, ANDY
CITY-ST-ZIP 9230 CYPRESS HOLLOW DRIVE
PALM BEACH GARDENS FL 33418

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS CARLINO, ANDY
CITY-ST-ZIP 4362 NORTHLAKE BLVD, SUITE 101
PALM BEACH GARDENS, FL 33410

TITLE ☐ Delete
NAME D
STREET ADDRESS CARLINO, DIANE
CITY-ST-ZIP 9230 CYPRESS HOLLOW DRIVE
PALM BEACH GARDENS FL 33418

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS CARLINO, DIANE
CITY-ST-ZIP 4362 NORTHLAKE BLVD, SUITE 101
PALM BEACH GARDENS, FL 33410

TITLE ☐ Delete
NAME D
STREET ADDRESS JOHNSTON, TOM
CITY-ST-ZIP 66 FAIRFORD
GROSSE POINTE SHORES MI 48236

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

TITLE ☐ Delete
NAME D
STREET ADDRESS JOHNSTON, ANN MARIE
CITY-ST-ZIP 66 FAIRFORD
GROSSE POINTE SHORES MI 48236

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
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:

Diane Carlino DIANE CARLINO

2/2/00

561-625-1311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)