

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003515

Name

NTRAL FLORIDA INSTITUTE, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90099 017 ***158.75

Principal Place of Business

Mailing Address

5411 TYSON AVENUE
FL 33611

5411 WEST TYSON AVENUE
TAMPA FL 33611-3227

C0038734



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

& State

City & State

Country

Zip

Country

4. FEI Number

59-3486058

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEARNEY, JOHN E SR.
5411 WEST TYSON AVENUE
TAMPA FL 33611

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

corporation is eligible to satisfy its Intangible
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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS ZIP	C TOMION, JON 5411 W. TYSON AVE. TAMPA FL 33611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	VCST KEARNEY, JOHN E SR 5411 W. TYSON AVE. TAMPA FL 33611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	PCEO MCCLOY, ALFRED A 5411 W. TYSON AVE. TAMPA FL 33611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	VP KEARNEY, JOHN E JR 5411 W. TYSON AVE. TAMPA FL 33611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	VP MCCLOY, ALFRED G 5411 W. TYSON AVE. TAMPA FL 33611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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
contained 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00

Date

813-831-4490

Daytime Phone #