

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90216 039 \*\*\*150.00

**DOCUMENT #** P98000012151

1. Entity Name  
~~MCK REAL ESTATE EDUCATION CENTER OF FLORIDA, INC.~~  
 FLORIDA'S PREFERRED SCHOOL OF REAL ESTATE, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 300 South Park Place Blvd  
 Suite, Apt. #, etc. Suite 150  
 City & State Clearwater, FL

3. Mailing Address 1650 Prudential Drive  
 Suite, Apt. #, etc. Suite 400-Attn. Legal Dept.  
 City & State Jacksonville, FL

Zip 33759 Country US  
 Zip 32207 Country US

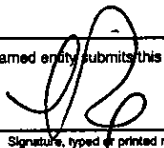
4. FEI Number 59-3533697  
 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 COPE, RICHARD W.  
 19353 U.S. Highway 19 North  
 Clearwater, DL 34624

7. Name and Address of New Registered Agent  
 Name Lawrence Paine  
 Street Address (P.O. Box Number is Not Acceptable) 1650 Prudential Drive,  
 Suite 400  
 City Jacksonville, 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  DATE 4-14-00  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 DP NAME RICHARD W. COPE STREET ADDRESS 19353 U.S. Highway 19N, Ste 100 CITY - ST - ZIP Clearwater, FL 34624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME James D. Motta STREET ADDRESS 7900 Glades Road CITY - ST - ZIP Boca Raton, FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DV NAME Michael N. Regan STREET ADDRESS 1650 Prudential Drive, Suite 400 CITY - ST - ZIP Jacksonville, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VT NAME Lewis A. Sticco STREET ADDRESS 19353 U.S. HWY 19N, Ste 100 CITY - ST - ZIP Clearwater, FL 34624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME Robert M. Rhodes STREET ADDRESS 1650 Prudential Drive, Ste 400 CITY - ST - ZIP Jacksonville, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE S NAME Alison D. Kennedy STREET ADDRESS 1650 Prudential Drive, Ste 400 CITY - ST - ZIP Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE AS NAME Susan G. Whitlatch STREET ADDRESS 1650 Prudential Drive, Ste 400 CITY - ST - ZIP Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:  ASST. SECRETARY 4-14-00 904.858.5236  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)