

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 22, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000012151

1. Entity Name
FLORIDA'S PREFERRED SCHOOL OF REAL ESTATE, INC.

Principal Place of Business
300 S PARK PLACE BLVD
STE 150
CLEARWATER FL 33759
US

Mailing Address
1650 PRUDENTIAL DRIVE
STE 400 ATTN: LEGAL DEPT
JACKSONVILLE FL 32207
US

2. Principal Place of Business
300 S PARK PLACE BLVD
Suite, Apt. #, etc.
SUITE 150

3. Mailing Address
1650 PRUDENTIAL DRIVE SUITE 400
Suite, Apt. #, etc.
ATTN. LEGAL DEPT.

City & State
CLEARWATER FL

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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAINE LAWRENCE
1650 PRUDENTIAL DRIVE
STE 400
JACKSONVILLE FL

7. Name and Address of New Registered Agent

Name
PAINE LAWRENCE
Street Address (P.O. Box Number is Not Acceptable)
1650 PRUDENTIAL DRIVE
SUITE 400
City
JACKSONVILLE FL
Zip Code
32207

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 _____ **03/22/2001**
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, 2001 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 AS	<input type="checkbox"/> Delete
NAME WHITLATCH SUSAN G	
STREET ADDRESS 1650 PRUDENTIAL DR STE 400	
CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE S	<input type="checkbox"/> Delete
NAME KENNEDY ALISON D	
STREET ADDRESS 1650 PRUDENTIAL DR, STE 400	
CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE VT	<input type="checkbox"/> Delete
NAME STICCO LEWIS A	
STREET ADDRESS 19353 US HIGHWAY 19 NO, STE 100	
CITY-ST-ZIP CLEARWATER FL 34624	
TITLE DV	<input type="checkbox"/> Delete
NAME REGAN MICHAEL N	
STREET ADDRESS 1650 PRUDENTIAL DR, STE 400	
CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE D	<input type="checkbox"/> Delete
NAME MOTTA JAMES D	
STREET ADDRESS 7900 GLADES ROAD	
CITY-ST-ZIP BOCA RATON FL 33434	
TITLE DP	<input type="checkbox"/> Delete
NAME COPE RICHARD W	
STREET ADDRESS 19353 US HIGHWAY 19 NO, STE 100	
CITY-ST-ZIP CLEARWATER FL 34624	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITLATCH SUSAN G	
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400	
CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENDERSON ALISON K	
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400	
CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STICCO LEWIS A	
STREET ADDRESS 300 S. PARK PLACE BLVD. SUITE 300	
CITY-ST-ZIP CLEARWATER FL 33759	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE DCOO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOOKE EDWIN C	
STREET ADDRESS 300 S. PARK PLACE BLVD. SUITE 300	
CITY-ST-ZIP CLEARWATER FL 33759	
TITLE DPCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COPE RICHARD W	
STREET ADDRESS 300 S. PARK PLACE BLVD. SUITE 300	
CITY-ST-ZIP CLEARWATER FL 33759	

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: SUSAN G. WHITLATCH

AS 03/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)