

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	Mailing Address 1650 PRUDENTIAL DRIVE STE 400 ATTN: LEGAL DEPT JACKSONVILLE FL 32207
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2. Principal Place of Business 300 S PARK PLACE BLVD	3. Mailing Address 1650 PRUDENTIAL DRIVE SUITE 400
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Suite, Apt. #, etc. SUITE 150	Suite, Apt. #, etc. ATTN. LEGAL DEPT.
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City & State CLEARWATER FL	City & State JACKSONVILLE FL
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Zip 33759	Country US	Zip 32207	Country US
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4. FEI Number 59-3533697	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS	AS WHITLATCH SUSAN G	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1650 PRUDENTIAL DRIVE SUITE 400	
STREET ADDRESS	JACKSONVILLE FL 32207	
CITY-ST-ZIP		
TITLE S	S HENDERSON ALISON K	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1650 PRUDENTIAL DRIVE SUITE 400	
STREET ADDRESS	JACKSONVILLE FL 32207	
CITY-ST-ZIP		
TITLE VT	VT STICCO LEWIS A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 S. PARK PLACE BLVD. SUITE 300	
STREET ADDRESS	CLEARWATER FL 33759	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE DCOO	DCOO TOOKE EDWIN C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 S. PARK PLACE BLVD. SUITE 300	
STREET ADDRESS	CLEARWATER FL 33759	
CITY-ST-ZIP		
TITLE DPCE	DPCE COPE RICHARD W	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 S. PARK PLACE BLVD. SUITE 300	
STREET ADDRESS	CLEARWATER FL 33759	
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: SUSAN G. WHITLATCH **AS** **03/22/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)