

2000 UNIFORM BUSINE

(UBR)

4/

DOCUMENT # P9800002074

1. Entity Name

THE NATIONAL INSTITUTE, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

04-28-2000 90087 025 ***150.00

Principal Place of Business

255 S. ORANGE AVE., 6TH FLOOR
ORLANDO FL 32801

Mailing Address

255 S. ORANGE AVE., 6TH FLOOR
ORLANDO FL 32801-3445

2. Principal Place of Business

3. Mailing Address

P.O. Box 1511

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

Zip

Country

Zip

Country

32802

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

4. FEI Number

59-3576129
NOT APPLICABLE

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINO, LAURENCE J ESQ.
 255 S. ORANGE AVE., 6TH FLOOR
 ORLANDO FL 32801

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DPT	PINO, LAURENCE J	255 S. ORANGE AVE., 6TH FLOOR	ORLANDO FL 32801	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	WILSON, PATRICIA T	255 S. ORANGE AVE 6TH FLR	ORLANDO FL 32801	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/00

Daytime Phone #

407425-7831

CR2E034 (9/99)