2000	SUNIFORM BUS	INESS REPO	RT (UBF	R)		lof?	7
DOCU	MENT # P980000	29663			%t	101	
1. Entity Nam	e REYS JUNIOR HIGH, INC.		F		FILE	D	
					00 JUL 24 A	M IO: 39	
Principal Place of Business		Mailing Address					
1145 PALM COVE DRIVE ORLANDO FL 32835 US		1145 PALM COVE DRIVE ORLANDO FL 32835-8045 US			SECRETARY OF STATE TALLAHASSEE FLORIDA		
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 59-3510810		oplied For ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Nessa	7.	Name and Address of New Register	ed Agent	
HUMPHREYS, CEIL			Name				
1145	PALM COVE DRIVE	Street Address		dress (P.O. E	Box Number is Not Acceptable)		
ORL	ANDO FL 32835						
			City			FL Zip Cod	е
8. The above	named entity submits this statement fo	r the purpose of changing its r	egistered office or	registered ag	gent, or both, in the State of Florida.		
CICNATURE	•						
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE.	Registered Agent signatu	re required when r	reinstating) DA	πE	
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 Sta		50.00	Election Campaign Financing Trust Fund Contribution.		May Be I to Fees
11.	OFFICERS AND	DIRECTORS	12.	Αſ	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREYS, CEIL 1145 PALM COVE DRIVE ORLANDO FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		80000335: -08/09/00- ****150.00	□ Change 1 5 ○ 3 01092 1 ****15(□ Addition 3 010 010
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE		☐ Delete	TITLE			☐ Change	☐ 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 11 or Block 12 or an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNAMA OFFICER OR DIRECTOR

7-17-00

(407) 523-6361

Daytime Phone #

Dear Sixs

I would like to ask you to consider waiving all or a portion of the late payment penalty. on these 2 reports. I know it's not excusable but we have had some extenuating circumstances as of late including my oldest son's marriage and my mother's recent cancer surgery. With all these things happening, I just forgot to take care of these until you sent me the sleand notice.

It you can help, it would be greatly

Sincerely,

Wolley Linghey