## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P98000029883** Mar 10, 2000 8:00 am 1. Entity Name DAN TADDEO REAL ESTATE SCHOOL, INC. **Secretary of State** 03-10-2000 90011 017 \*\*\*158.75 Mailing Address Principal Place of Business 10634 SOUTH U.S.HIGHWAY ONE 10634 SOUTH U.S.HIGHWAY ONE PORT ST. LUCIE FL 34952-6402 PORT ST. LUCIE FL 34952 2. Principal Place of Business 3. Maijing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0829609 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -TADDEO, DANIEL J Street Address (P.O. Box Number is Not Acceptable) 10634 S. US 1 PORT ST LUCIE FL 34952 Zip Code City F۱ 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Change Addition TITLE ☐ Delete TADDEO, DANIEL J NAME NAME 10634 SOUTH US 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34952 CITY-ST-ZIP ☐ Change Addition S/TD ☐ Delete TITLE TITLE HEPWORTH, GLYNNDOLYN NAME 10634 SOUTH U.S.HIGHWAY ONE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PORT ST. LUCIE FL 34952 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

INTED NAME OF SIGNING OFFICER OR DIRECTO

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