

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040838

1. Entity Name

SCHEDULEEARTH, INC.

Principal Place of Business

2704 OAKMOUNT CT  
FT LAUDERDALE FL 33332

Mailing Address

2704 OAKMOUNT COURT  
FORT LAUDERDALE FL 33332-1834

2. Principal Place of Business

5750 MARGATE Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite #206

City & State

MARGATE, FLORIDA

Zip

33063

Country

Broward

Zip

Country

6. Name and Address of Current Registered Agent

TAYLOR, KEVIN  
2704 OAKMOUNT CT  
FT LAUDERDALE FL 33332

7. Name and Address of New Registered Agent

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

KEVIN Z. TAYLOR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/2000

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

TITLE ☐ Delete  
NAME TAYLOR, KEVIN  
STREET ADDRESS 2704 OAKMOUNT COURT  
CITY-ST-ZIP FORT LAUDERDALE FL 33332

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME Chief Learning Officer  
STREET ADDRESS AND Director  
CITY-ST-ZIP GARY DOSSLER Ph.D.  
13554 SW 58th Ave  
MIAMI, Florida 33156

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90079 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE