2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050837

1. Entity Name

THE MILLENNIUM INSTITUTE, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State
03-30-2000 90017 009 ***150.00

Principal Place of Business	Mailing Address
1748 INDEPENDENCE BOULEVARD SUITE D4 SARASOTA FL 34234	1748 INDEPENDENCE BOULEVARD SUITE D4 SARASOTA FL 34234-2151

631392

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1403 ST. GABRIELLE LN	318 INDIAN TRACE
Suite, Apt. #, etc. APT. 3209	Suite, Apt. #, etc. #325
City & State WESTON, FL	City & State WESTON, FL
Zip 33326 Country USA	Zip 33326 Country USA

4. FEI Number 59-3515524 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARDY, LEONARD
6020 MARLECA DR
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name HARDY, LEONARD
Street Address (P.O. Box Number is Not Acceptable) 1403 ST. GABRIELLE LN.
APT. 3209
City WESTON FL Zip Code 33326

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] LEONARD HARDY PRESIDENT 2/24/00
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	PSTD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	HARDY, LEONARD	NAME	
STREET ADDRESS	1748 INDEPENDENCE BOULEVARD	STREET ADDRESS	1403 ST. GABRIELLE LN #3209
CITY-ST-ZIP	SARASOTA FL 34243	CITY-ST-ZIP	WESTON, FL 33326
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] LEONARD HARDY 3/24/00 954-217-4072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #