

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **198000095104**

1. Entity Name

SABO Palm Academy, Inc.

Principal Place of Business

Mailing Address

**3411 N. 29th Street
Tampa, Florida 33605**

**3411 N. 29th St.
Tampa Florida 33605**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3541457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Deilyn Roberts

Street Address (P.O. Box Number is Not Acceptable)

3411 N. 29th Street

Tampa

FL

Zip Code

33605

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 **KP Frederick L. Porter** ☒ Delete
STREET ADDRESS **1733 Greenridge Rd**
CITY-ST-ZIP **Tampa FL 33619**

TITLE
NAME **VP Robert L. Cole, Sr.** ☐ Change ☒ Addition
STREET ADDRESS **11710 Tom Folsom Road**
CITY-ST-ZIP **Tampa, Florida 33592**

TITLE
NAME **Linda Manuel** ☒ Delete
STREET ADDRESS **110 Berry Street**
CITY-ST-ZIP **Tampa Florida 33610**

TITLE
NAME **STP Todd D. Cole** ☐ Change ☒ Addition
STREET ADDRESS **2421 Woody Trace Lane**
CITY-ST-ZIP **Tampa FL 33612**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **TRES. Anthony J. Cole Sr.** ☐ Change ☒ Addition
STREET ADDRESS **5216 Blane Dr.**
CITY-ST-ZIP **Tampa, FL 33617**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **Pres. Deilyn Roberts Allen** ☐ Change ☒ Addition
STREET ADDRESS **3411 N. 29th Street**
CITY-ST-ZIP **Tampa, Florida 33605**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **300003515203-9** ☐ Change ☐ Addition
STREET ADDRESS **-12/28/00-01015-001**
CITY-ST-ZIP *******61.25 *****61.25**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Deilyn Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/00

Date

Daytime Phone #

CR2E034 (9/99)