

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90183 031 ***150.00

DOCUMENT # P98000096950
1. Entity Name
NATIONAL INSTITUTE FOR CONTINUING EDUCATION, INC

Principal Place of Business
2476 W. BAYSHORE ROAD
GULF BREEZE FL 32563-2524

Mailing Address
2476 W. BAYSHORE ROAD
GULF BREEZE FL 32563-2524

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3550039**
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PALMER, RAYMOND B ESQ.
913 GULF BREEZE PARKWAY,STE.913
GULF BREEZE FL 32561

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **DPST** ☐ Delete
NAME **FELL GREENE, PHERIBA JANE**
STREET ADDRESS **2476 W. BAYSHORE ROAD**
CITY-ST-ZIP **GULF BREEZE FL 32563-2524**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE: *Pheriba Jane Fell Greene*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)

Attachment
PA8000096950
BD 28/19

NATIONAL INSTITUTE FOR CONTINUING EDUCATION, INC.
2476 West Bayshore Road
Gulf Breeze, FL 32563-2524

July 4, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

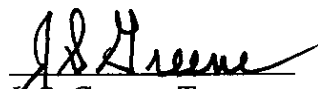
To Whom It May Concern:

After having to file an "Application for Reinstatement" last year for filing late, I have been especially watchful for any correspondence from the Dept of State this year. I can safely state that the "2002 Uniform Business Report (UBR)" which I received in the mail on July 3, 2002 is the first correspondence that I have received this year from the Dept. of State. Once again I must request that the late fee for \$400.00 be waived.

Thank you for your kind attention to the matter.

Yours truly,

NATIONAL INSTITUTE FOR CONTINUING EDUCATION, INC.


J. S. Greene, Treasurer