

2001 UNIFORM BUSINESS REPORT (UBR)

C-316

DOCUMENT # P99000012720

1. Entity Name

THE STUDENT WELCOME PACK, INC.

FILED

01 JAN 12 PM 2:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1235 AIRPORT DRIVE
TALLAHASSEE FL 32304

Mailing Address

1235 AIRPORT DRIVE
TALLAHASSEE FL 32304

2. Principal Place of Business

3. Mailing Address

P.O. Box 20208

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee

4. FEI Number

59-3556889

Applied For

Not Applicable

Zip

Country

Zip

32316

Country

can

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

BELINDAT, FRANCE E ESQ
703 E TENNESSEE STREET
TALLAHASSEE FL 32308

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

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, 2001, 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 ☐ Delete
NAME PT
STREET ADDRESS PARKER, ROBERT
CITY-ST-ZIP 1235 AIRPORT DRIVE
TALLAHASSEE FL 32304

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

TITLE ☐ Delete
NAME VPS
STREET ADDRESS PROVITOLA, BLAISE
CITY-ST-ZIP 1235 AIRPORT DRIVE
TALLAHASSEE FL 32304

TITLE ☐ Change ☐ Addition
NAME 100003553161-4
STREET ADDRESS -01/18/01--01020--003
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Robert Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01
Date

980-4767
Daytime Phone #

CR2E034 (10/00)