_2000	UNIFORM BUSI	NESS REPO	RT (UBR)	! 			uni ter	
DOCUMENT # P9900031095 1. Enlity Name					APPROVED APPROVED			
BETTER	DRIVER EDUCATION, INC.					47.81	[]	
Principal Plan	o of Business	Mailing Address		_		9- YAM 00	3 AM 9:43	
Principal Place of Business 10519 OTTER CREEK DRIVE		10518 OTTER CREEK DRIVE			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
JACKSONVILLE	FL 32222	JACKSONVILLE FL 32222-13	54	1		TALLAHAS	SEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #. etc.			11-1-1-	On Ni	07/ .	150.00
City & State		City & State		09	7 CO 1 COOU FEI Number 59-360	7000 L	0 Z/ <sub>6</sub> -	]
Zip Country		Žip	Country			eo.	Not Applicable  75 Additional	1
	<u> </u>				Certificate of Status Desire	Feel	Required	4
	6. Name and Address of Current R	egistered Agent	Name /	<u> </u>	Name and Address of Ne	<del>~~~~~~~</del>	<u>-</u> β»-)	╣ .
MAR	OFKA, LESTER	•	Street Adds	58 (94) P	Box Number is Not Accept			-{
24 N	IORTH MARKET STREET, STE. 402 KSONVILLE FL 32202		Street Add	18	CHTELLE	KEEK D	od.	-{
سروب	ABONTILL I L OZZUZ		City	401	(GONDILLE	FL <sup>2</sup>	33322	-
8 The above	named entity submits this statement for	the number of changing at		·	<del>`</del>		2000	-{
o. The accord	Saluda L			Jionovica ag	gone, or power we will control	4-16-6	YΛ	
SIGNATURE.	Signactie, typed or printed name of registrated agent an	d tote if applicable (NOTE	Registered Agent signature n	n nertw barrups	sinstating)	0ATE		
9. This coro	pration is eligible to satisfy its Intangible	<del></del>	! FEE IS \$150.00		The Stratic Committee		A5 80	1
Tax filing requirement and elects to do so.  (See criteria on back)		After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	,
11.	OFFICERS AND D	_ <del></del>	12.		DDITIONS/CHANGES TO	OFFICERS AND DIR		-} -}:-
TITLE NAME	DP RANDOLPH, GARRY	Delete	TITLE NAME				Change 🔲 Addition	86/6)
STREET ADDRESS	10518 OTTER CREEK DRIVE		STREET ADOPESS					98 4
CITA-ZI-SIb	JACKSONVILLE FL 32222	· Delete	CITY-ST-ZP				Change	CR2E034 (9/99
TITLE NAME	RANDOLPH, GINGER	- CT Détete	NAME			J	ondrigo [] · ooman	-
STREET ADDRESS CITY-ST-ZIP	10518 OTTER CREEK DRIVE JACKSONVILLE FL 32222		STREET ADORESS CITY-ST-ZIP					l l
TITLE	SACINOCITIELE I E SEELE	☐ Delete	mu				Changa Addition	1
NAME STHEET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZP					<u> </u>
TALE Name		☐ Delete	TITLE NAME			Ц	Change	-
STREET ADDRESS			STREET ADDRESS CITY-ST-ZP					\
TITLS		☐ Delete	TITLE				Change	1
NAME			NAME STREET ADDRESS				V .	}
STREET ADDRESS City-ST-ZIP			CITY-ST-ZP					
TITLE		☐ Delete	TITLE			1/4	Cinado Disposition	
NAME STREET ADDRESS			NAME STREET ADDRESS				$\chi_{A}$ , $\sim$	1
CITY-ST-ZIP	<u></u>		CITY-ST-ZP	i 0	110 07/2/0 Finds 6:		au the identition	1
13. I hereby of indicated of the cor channer	certify that the information supplied with to not his report or supplemental report is to poration or the receiver or trustale empoy, or on an attachment with an address, with the properties of the properties o	his tiling does not quality for rue and accurate and that m vered to execute this report a th all other like empowered.	the exemption stated by signature shall have as required by Chapte	in Section the same r 607, Flori	119,07(3)(1), Florida Statul legal effect as if made unitida ida Statules; and that my r	es, i further reality in der dath; that I are ar name appears in Blo	n officer or director ok 11 or Block 12 if	
	o Pala Asea	(WEED) OFF	<u> </u>		4-16-0	0 904/	549-1315	1
SIGNAT	ONE: SEGNATURE AND TYPED OF PR	TED NAME OF SIGNING OFFICER C	OR DIRECTOR		Date -	Daytims	Phone *	