

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045855

1. Entity Name

INVOLVED MOTIVATED PARENTS AS CLASSROOM TEACHERS

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90187 031 ***150.00

A0018670



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3359 BELVEDERE RD SUITE A WEST PALM BEACH FL 33406	Mailing Address 3359 BELVEDERE RD SUITE A WEST PALM BEACH FL 33406
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2. Principal Place of Business 3359 BELVEDERE	3. Mailing Address 3359 BELVEDERE RD
Suite, Apt. #, etc. "A"	Suite, Apt. #, etc. "A"

City & State W. P.B., Florida	City & State W. P.B., Florida
Zip 33407	Zip 33406
Country Palm Beach	Country Palm Beach

4. FEI Number 65-0923476	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLIGAN, ALPHONSO S ESQ 3910 RCA BOULEVARD SUITE 1011 PALM BEACH GARDENS FL 33410
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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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEVELAND, MICHAEL A 418 20TH STREET WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, JAMES 3300 WESTVIEW AVENUE WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARLE, JANISE 4201 NW 17TH ST BELLE GLADE FL 33430 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, JOHNNIE MAE 789 MCCLURE RD PAHOKEE FL 33476 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, LUCILA BOX 311 SOUTH SHORE VILLAGE CLEWISTON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLIGAN, ALPHONDO S 3910 RCA BLVD STE 1011 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCONITA AIRLO 875 N. MAIN STREET PAHOKEE, FL 33476 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael A. Cleveland	Date: January 23, 2001	Daytime Phone #: 561-610-4535
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CR2E034 (10/00)