

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90047 037 \*\*\*150.00

**DOCUMENT # P99000068094**

1. Entity Name

**LAND TITLE EDUCATION SERVICES, INC.**

Principal Place of Business

**7880 245TH STREET EAST  
 MYAKKA CITY FL 34251**

Mailing Address

**7880 245TH STREET EAST  
 MYAKKA CITY FL 34251-7829**

2. Principal Place of Business

**4403 99TH AVENUE EAST**

Suite, Apt. #, etc.

3. Mailing Address

**4403 99TH AVENUE EAST**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**PARRISH, FL**

City & State

**PARRISH, FL**

4. FEI Number

Applied For

☒ Not Applicable

Zip  
**34219**

Country  
**USA**

Zip  
**34219**

Country  
**USA**

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

**WICKMAN, JOHN E  
 4909 MANATEE AVENUE WEST  
 BRADENTON FL 34209**

Name

**SHELLEY GAY-KALISH**

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

**4403 99TH AVENUE EAST**

City  
**PARRISH**

FL

Zip Code  
**34219**

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

**(SHELLEY GAY-KALISH)**

(NOTE: Registered Agent signature required when reinstating)

**5/15/00**

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  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☒ Delete  
**VICE PRESIDENT, SECRETARY  
 KIM COWLES  
 7880 245TH STREET EAST  
 MYAKKA CITY, FL 34251**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☒ Change ☐ Addition  
**PRES, VP, SECY, TREAS.  
 SHELLEY GAY-KALISH  
 4403 99TH AVENUE EAST  
 PARRISH, FL 34219**

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(SHELLEY GAY-KALISH)**

Date

**5/15/00**

Daytime Phone #

**(941) 776-3823**

CR2E034 (9/99)