

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000069931****1. Entity Name**
THE GRANT PROGRAM, INC.**Principal Place of Business**

2530 ARIZONA STREET

MELBOURNE
32904

FL

Mailing Address

2530 ARIZONA STREET

MELBOURNE
32904

FL

2. Principal Place of Business
1451 W. CYPRESS CREEK ROAD**3. Mailing Address**
1451 W. CYPRESS CREEK ROADSuite, Apt. #, etc.
SUITE 300Suite, Apt. #, etc.
SUITE 300

DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE

FL

City & State
FT. LAUDERDALE

FL

4. FEI Number
59-3600957**Applied For**
Not Applicable**Zip**
33309**Country****Zip**
33309**Country****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**SMITH LINDA L
2530 ARIZONA STREETMELBOURNE
32904

FL

7. Name and Address of New Registered Agent**Name**

SMITH LINDA L

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

1451 W. CYPRESS CREEK ROAD

SUITE 300**City**
FT. LAUDERDALE**FL****Zip Code**
33309**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)

05/01/2000

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****TITLE**
NAME SMITH LAURA L ☐ Delete
STREET ADDRESS 2530 ARIZONA STREET
CITY-ST-ZIP MELBOURNE FL 32904**TITLE**
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME SMITH LINDA L ☒ Change ☐ Addition
STREET ADDRESS 2530 ARIZONA STREET
CITY-ST-ZIP MELBOURNE FL 32904**TITLE**
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Change ☐ Addition
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** LINDA L. SMITH**PSTD** 05/01/2000