

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070703

1. Entity Name

MD EDUCATION INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90052 019 ***150.00

Principal Place of Business

6504 CONTEMPO LANE
BOCA RATON FL 33433

Mailing Address

6504 CONTEMPO LANE
BOCA RATON FL 33433-6635

2. Principal Place of Business

9200 BONITA BEACH RD

3. Mailing Address

9200 BONITA BEACH RD

Suite, Apt. #, etc.

* 209

Suite, Apt. #, etc.

* 209

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

4. FEI Number

65-0938609

Applied For

Not Applicable

Zip

Country

34135

USA

Zip

Country

34135

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

SIMMS, RJ
C/O IAG
138 N. SWINTON AVE.
DELRAY BEACH FL 33444

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, 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: VICE-PRESIDENT/DIRECTOR ☐ Delete
NAME: RJ SIMMS

STREET ADDRESS:
CITY-ST-ZIP:

TITLE: PRESIDENT/DIRECTOR ☐ Delete
NAME: JOHN ABELES

STREET ADDRESS:
CITY-ST-ZIP:

TITLE: VICE-PRESIDENT/DIRECTOR ☐ Delete
NAME: VINCENT WATERHOUSE

STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:

STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:

STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:

STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:

STREET ADDRESS:
CITY-ST-ZIP:

TITLE: VICE-PRESIDENT/DIRECTOR ☐ Change ☒ Addition
NAME: RJ SIMMS

STREET ADDRESS: 6504 CONTEMPO LN
CITY-ST-ZIP: BOCA RATON, FL 33433

TITLE: PRESIDENT/DIRECTOR ☐ Change ☒ Addition
NAME: JOHN ABELES

STREET ADDRESS: 2365 NW 41st Street
CITY-ST-ZIP: BOCA RATON, FL 33433

TITLE: VICE-PRESIDENT/DIRECTOR ☐ Change ☒ Addition
NAME: VINCENT WATERHOUSE

STREET ADDRESS: 9200 BONITA BEACH RD #209
CITY-ST-ZIP: BONITA SPRINGS, FL 34135

TITLE: ☐ Change ☐ Addition
NAME:

STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:

STREET ADDRESS:
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RJ SIMMS
DIRECTOR

2/7/00 561-620-9554

Date

Daytime Phone #

CR2E034 (9/99)