

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086178

1. Entity Name

TOBACCO EDUCATORS, INC.

Principal Place of Business

108 S. MONROE STREET
SUITE 200
TALLAHASSEE FL 32301

Mailing Address

108 S. MONROE STREET
SUITE 200
TALLAHASSEE FL 32301-1537

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SASLAW, GARY R
20801 BISCAYNE BLVD.
SUITE 304
AVENTURA FL 33180

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

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	D	<input type="checkbox"/> Delete
NAME	SASLAW, GARY R	
STREET ADDRESS	20801 BISCAYNE BLVD. SUITE 304	
CITY-ST-ZIP	AVENTURA FL 33180-1422	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAIRAN, JEFFREY R	
STREET ADDRESS	129 SOUTH KENTUCKY AVENUE SUITE 703	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	PROEHEL, ROBERT	
STREET ADDRESS	1850 LEE ROAD SUITE 334	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, TUNNIE	
STREET ADDRESS	3141 E. BUSINESS 98	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASSIDY, BART	
STREET ADDRESS	P.O. BOX 7	
CITY-ST-ZIP	CRYSTAL RIVER FL 34423	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9030 W. Fort Island Trail, Bldg. 9 #C
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

3/30/00

Date

850-224-9448

Daytime Phone #

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90110 004 ***150.00

051041



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3607508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)