

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000086178**

1. Entity Name

TOBACCO EDUCATORS, INC.**FILED****Feb 12, 2001 8:00 am**
Secretary of State

02-12-2001 90235 017 ***150.00

Principal Place of Business

**108 S. MONROE STREET
SUITE 200
TALLAHASSEE FL 32301**

Mailing Address

**~~108 S. MONROE STREET
SUITE 200
TALLAHASSEE FL 32301~~**

2. Principal Place of Business

3. Mailing Address

20801 Biscayne Blvd. #304

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 304

City & State

City & State

Aventura, Florida

Zip

Country

**Zip
33180-1422****Country
USA**4. FEI Number **59-3607508**

Applied For

Not Applicable

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

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

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, 2001 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	SASLAW, GARY R	20801 BISCAYNE BLVD. SUITE 304 AVENTURA FL 33180-1422	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	PAIRAN, JEFFREY R	129 SOUTH KENTUCKY AVENUE SUITE 703 LAKELAND FL 33801	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	PROEHEL, ROBERT	1850 LEE ROAD SUITE 334 WINTER PARK FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	MILLER, TUNNIE	3141 E. BUSINESS 98 PANAMA CITY FL 32401	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	CASSIDY, BART	9030 W. FORT ISLAND TRAIL BLDG 9#C CRYSTAL RIVER FL 34429	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<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: **LAURA McLeod**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)