

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90048 001 ***150.00

DOCUMENT # 100A00023951 000090778

1. Entity Name
A RESTORATION AND EDUCATION ASSOCIATION INC.

Principal Place of Business
4314 EAST 7TH AVENUE
Suite 101
TAMPA, FLORIDA 33605

Mailing Address
4314 EAST 7TH AVENUE
Suite 101
TAMPA, FLORIDA 33605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **593608928**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Yvette Williams
4314 EAST 7TH AVENUE
Suite 101
TAMPA, FLORIDA 33605

Name **Robert McKnight**
 Street Address (P.O. Box Number is Not Acceptable)
4314 EAST 7TH AVENUE
Suite 101
 City **TAMPA** FL Zip Code **33605**

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 **Robert C. McKnight**
 Signature, typed or printed name of registered agent and title if applicable

Robert C. McKnight
 (NOTE: Registered Agent signature required when reinstating)

5-5-00
 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
	Robert			
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	Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	President				<input checked="" type="checkbox"/>
	Kirk Bullock	4314 E. 7th Avenue, Suite 101	TAMPA, FLORIDA 33605		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	VICE President				<input checked="" type="checkbox"/>
	Susan Henix	4314 E. 7th Avenue, Suite 101	TAMPA, FLORIDA 33605		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Secretary				<input checked="" type="checkbox"/>
	Robert McKnight	4314 E. 7th Avenue, Suite 101	TAMPA, FLORIDA 33605		
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: **Robert C. McKnight**
 Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

813-248-9278

CR2E014 (9/99)