

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90120 009 \*\*\*\*61.25

**DOCUMENT # 707691**

1. Entity Name

**FLORIDA ASSOCIATION OF EDUCATIONAL DATA SYSTEMS,**

Principal Place of Business

Mailing Address

**ATLANTA P.S.  
 333 E. UNIVERSITY AVE.  
 GAINESVILLE FL 32601**

**1040 E. PARK AVE  
 TALLAHASSEE FL 32301-2677  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2767969**

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

**DANIEL H. CROMER, JR.  
 620 EAST UNIVERSITY AVENUE  
 GAINESVILLE FL 32601**

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>PED</b>	TITLE	<b>PD</b>
NAME	<b>STRUENSE, RICHARD W</b>	NAME	
STREET ADDRESS	<b>1311 BALBOA AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	
NAME	<b>MILLER, STEVEN F</b>	NAME	
STREET ADDRESS	<b>6831 DEER SPRINGS RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KEYSTONE HTS FL 32656</b>	CITY-ST-ZIP	
TITLE	<b>PPD</b>	TITLE	<b>PD</b>
NAME	<b>PETERSEN, CARY</b>	NAME	<b>William D. Piotrowski</b>
STREET ADDRESS	<b>8555 ROYALWOOD DR.</b>	STREET ADDRESS	<b>520 S. Appleyard Dr (Leon Schools)</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	CITY-ST-ZIP	<b>Tallahassee, FL 32304</b>
TITLE	<b>SD</b>	TITLE	<b>SD</b>
NAME	<b>SMITH, BEBE</b>	NAME	<b>Randy Acevedo</b>
STREET ADDRESS	<b>354 COLT CT</b>	STREET ADDRESS	<b>241 Trumbo Rd</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	CITY-ST-ZIP	<b>Key West, FL 33040</b>
TITLE	<b>PED</b>	TITLE	<b>PPD</b>
NAME	<b>CROMER, DANIEL H JR.</b>	NAME	
STREET ADDRESS	<b>2009 N.W. 43RD PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	CITY-ST-ZIP	
TITLE	<b>TD</b>	TITLE	<b>PED</b>
NAME	<b>APPLEMAN, CARLOTTA</b>	NAME	
STREET ADDRESS	<b>3248 N. SHANNON LAKES DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	CITY-ST-ZIP	

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

*Signature Required* **William D. Piotrowski, Treasurer (850) 487-7530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Laytime Phone #