

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710612

1. Entity Name

THE EDUCATIONAL FOUNDATION OF THE FLORIDA RESTAURANT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

230 S. ADAMS ST.
TALLAHASSEE FL 32301
US

P.O. BOX 1779
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6194391

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

DOVER, CAROL B
230 S. ADAMS ST.
TALLAHASSEE FL 32301

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MURRAY, DENNIS J
8821 BAY HARBOUR BLVD
ORLANDO FL 32836 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DONOVAN, MIKE
2729 N UNIVERSITY DR
CORAL SPRINGS FL 33065 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Willis-Brooks, Susan
11924 W. Forest Hill Blvd, Ste 22
Wellington, FL 33414 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
JARRETT, DAVID A
5370 KESWILE CT
ORLANDO FL 32812 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
Mary Patrick
8229 Chathan Pointe Ct.
Orlando, FL 32835 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
DOVER, CAROL B
534 DOVER RD
HAVANA FL 32333 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ENGLAND, CHESTER R III
17777 OLD CUTLER RD
MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BERGAMO, CORKEY
3305 PARENTAL HOME ROAD
JACKSONVILLE FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL B. Dover 4/15/02

850/224-2250

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90401 024 ****61.25



DO NOT WRITE IN THIS SPACE

0005413

CR2E037 (9/01)