

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90003 007 \*\*\*\*70.00

000/010

**DOCUMENT # 758437**

1. Entity Name

**FLORIDA ASSOCIATION OF PARTNERS IN EDUCATION INC  
 INCORPORATED**

Principal Place of Business

Mailing Address

~~10715 CLYDESDALE DRIVE  
 JACKSONVILLE FL 32257  
 US~~

**30 EAST TEXAR DRIVE  
 VOLUNTEER OFFICE  
 PENSACOLA FL 32503**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**7076 Ramoth Dr.  
 Jacksonville, FL**

Suite, Apt. #, etc.

City & State

City & State

**32226 US**

4. FEI Number

**59-2141327**

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

**LEE, SALLY  
 30 TEXAR DRIVE  
 J.E. HALL CENTER-VOLUNTEER PARTNERSHIPS  
 PENSACOLA FL 32503**

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

*Sally L. Lee* *Sally L. Lee, Treasurer*

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	PD	<input checked="" type="checkbox"/> Delete
NAME	<del>OWENS-THOMPSON, JAYNE</del>	<i>Change name</i>
STREET ADDRESS	<del>300 E. BELVEDERE</del>	
CITY-ST-ZIP	<del>LAKELAND FL 33803</del>	
TITLE	PE/D	<input type="checkbox"/> Delete
NAME	WOULDARD, PAM	
STREET ADDRESS	8540 SUNSPRITE COURT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEE, SALLY	
STREET ADDRESS	30 E. TEXAR DRIVE (VOLUNTEER OFFICE)	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	SI	<input type="checkbox"/> Delete
NAME	RYAN, ROBERT F	
STREET ADDRESS	6926 SW ADRIANNA COURT	
CITY-ST-ZIP	STUART FL 34997	
TITLE	PPD	<input type="checkbox"/> Delete
NAME	OWENS-THOMPSON, JAYNE	
STREET ADDRESS	10715 CLYDESDALE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Wheeler, Margaret Anne</i>	
STREET ADDRESS	<i>(address is correct)</i>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Sally L. Lee* *Sally L. Lee, Treasurer 1/8/02* (850) 438-2378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)