

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28964

1. Entity Name

FOUNDATION FOR EDUCATIONAL ACHIEVEMENT, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90093 022 ****61.25

Principal Place of Business 118 N. MONROE STREET TALLAHASSEE FL 32399-1700 US	Mailing Address 118 N. MONROE STREET TALLAHASSEE FL 32301-1531 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2917898	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORNILLO, PAT L., JR.
118 N. MONROE ST
TALLAHASSEE FL 32399-8700

7. Name and Address of New Registered Agent

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 _____ (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	
TITLE NAME D FORD, ANDY STREET ADDRESS 118 N. MONROE ST. CITY-ST-ZIP TALLAHASSEE FL 32399	<input type="checkbox"/> Delete
TITLE NAME D MOODY, RITA STREET ADDRESS RT 2, BO 1363 CITY-ST-ZIP FT MCCOY FL	<input type="checkbox"/> Delete
TITLE NAME D LOPEZ, MARY STREET ADDRESS 1621 SW HARGRAVE STREET CITY-ST-ZIP ARCADIA FL	<input type="checkbox"/> Delete
TITLE NAME D TORNILLO, PAT JR. STREET ADDRESS 2929 SW 3RD AVENUE CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D Lee, Robert STREET ADDRESS 118 N. Monroe St. CITY-ST-ZIP Tallahassee, FL. 32399	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE: SIGNATURE REQUIRED **1/7/00** **(850)224-1161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)