

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90164 004 \*\*\*\*70.00

**DOCUMENT # N99000006835**

1. Entity Name

**FLORIDA ASSOCIATION OF INTERNATIONAL EDUCATORS,  
INC.**



Principal Place of Business

**4202 E FOWLER AVE  
%ISSS. UNIV OF SOUTH FL. CPR 107  
TAMPA FL 33620**

Mailing Address

**4202 E FOWLER AVE  
%ISSS. UNIV OF SOUTH FL. CPR 107  
TAMPA FL 33620**

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 **59-3641239**

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

**AUSTELL, DAVID B JR  
4202 E FOWLER AVE  
%ISSS, UNIV OF SOUTH FL, CPR 107  
TAMPA FL 33620**

Name **MARCIA E. TAYLOR**  
Street Address (P.O. Box Number is Not Acceptable)  
**4202 E FOWLER AVE, CPR 107  
c/o ISSS, University of South Florida  
City Tampa FL Zip Code 33620**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Marcia Taylor* *Marcia Taylor* **4/23/2003**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete  
NAME **AUSTELL, DAVID B JR**  
STREET ADDRESS **CPR 107, 4202 E FOWLER AVE**  
CITY-ST-ZIP **TAMPA FL 33620**

TITLE **TD** ☐ Change ☒ Addition  
NAME **TAYLOR, MARCIA E.**  
STREET ADDRESS **CPR 107, 4202 E. FOWLER AVE**  
CITY-ST-ZIP **TAMPA, FL 33620**

TITLE **FCD** ☐ Delete  
NAME **LEVISTE, MARIA**  
STREET ADDRESS **UNIVERSITY PARK GC 217**  
CITY-ST-ZIP **MIAMI FL 33199**

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

TITLE **D** ☐ Delete  
NAME **SIPPIN, ANA**  
STREET ADDRESS **UNIVERSITY PARK GC 217**  
CITY-ST-ZIP **MIAMI FL 33199**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Marcia Taylor*  
**SIGNATURE**

**Marcia Taylor  
International Student Advisor**

**4/23/2003 8139745102**

CR2E037 (10/02)