2000 UNIFORM BUSINESS REPORT (UBR)

6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code Make Check Payable to Department of State Department of State Trust Fund Contribution. DFTICE ISLAND DIRECTORS TITLE MAKE SIRER ADDRESS CITY-ST-ZP C'BRIAN, JOHN L ESQ 33 N OCEAN BLVD. O'BRIAN, JOHN L ESQ 33 N OCEAN BLVD. O'Change Add NAME SHEET ADDRESS OITY-ST-ZP TILE NAME NAME SHEET ADDRESS OITY-ST-ZP Change Add Add Check Payable to Department of State Change Add City ST-ZP Change Add ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change	DOCUI 1. Entity Nam	MENT # F96000 0	001306			,			
Principal Place of Susiness	THE FOUNDATION FOR CONCEPTS IN EDUCATION, INC.					FILED			
The EATLANTIC AVE STREAM OF STATE TALL AHASSES FOR THE STATE TALL AHASSES F	Principal Plac	e of Business	Mailing Address	Address		1			
Sufe, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied Fo Non Applica Se. 75 0652535	STE 201		STE 201						
City & State Country Coun	2. Principal Place of Business		3. Mailing Address						
Country Zip Country Zip Country S. Certificate of Status Desired Sa.75 Additional Sa.75 Addi	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the state of Florida. SIGNATURE Stream, hoped or promed name of negistered agent and title upplication, hoped or promed name of negistered agent and title upplication, hoped or promed name of negistered agent and title upplication, hoped or promed name of negistered agent and title upplication, hoped or promed name of negistered agent and title upplication, hoped or promed name of negistered agent, or both, in the state of Florida. FILE NOW: FEE IS \$61.25	City & State		City & State			4. FEI Number	65-0652535	<u> </u>	oplied For ot Applicable
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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, hyper or printed name of registered agent and the P septicable ONTIC Registered Agent september when intensiring) PART FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25 P. Election Campaign Financing Trust Fund Contribution. Debtie TITLE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 WARE KESSENICH, DIANE F 2423 N. OCEAN BLVD. SINEET ADDRESS OLY ST.7P SINEET ADDRESS OLY ST.7P SINEET ADDRESS OLY ST.7P TITLE O'BRIAN, JOHN L ESQ 333 N OCEAN BLVD O'BRIAN, JOHN L ESQ 334 N OCEAN BLVD O'BRIAN, JOHN L ESQ 337 N OCEAN BLVD O'BRIAN, JOHN L ESQ 338 N OCEAN BLVD O'BRIAN, JOHN L ESQ 339 N OCEAN BLVD O'BRIAN, JOHN L ESQ 331 N OCEAN BLVD O'BRIAN, JOHN L ESQ 331 N OCEAN BLVD O'BRIAN, JOHN L ESQ 332 N OCEAN BLVD O'BRIAN, JOHN L ESQ 333 N OCEAN BLVD O'BRIAN, JOHN L ESQ 334 N OCEAN BLVD O'BRIAN, JOHN L ESQ 337 N OCEAN BLVD O'BRIAN, JOHN L ESQ 338 N OCEAN BLVD O'BRIAN, JOHN L ESQ 338 N OCEAN BLVD O'BRIAN, JOHN L ESQ 339 N OCEAN BLVD O'BRIAN, JOHN L ESQ 331 N OCEAN BLVD O'BRIAN, JOHN L ESQ 331 N OCEAN BLVD O'BRIAN, JOHN L ESQ 332 N OCEAN BLVD O'BRIAN, JOHN L ESQ 333 N OCEAN BLVD O'BRIAN, JOHN L ESQ 334 N OCEAN BLVD O'BRIAN, JOHN L ESQ 335 N OCEAN BLVD O'BRIAN, JOHN L ESQ 337 N OCEAN BLVD O'BRIAN, JOHN L ESQ 338 N OCEAN BLVD O'BRIAN, JOHN L ESQ 338 N OCEAN BLVD O'BRIAN, JOHN L ESQ 339 N OCEAN BLVD O'BRIAN, JOHN L ESQ 348 ABRIANCE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET AD	Žip	Country	Zip	Country		5. Certificate of	of Status Desired .		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code 8. The above named ontity 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 life if applicable. (NOTE Registered Agent signature required when rehtstating) DATE FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25 S. Election Campaign Financing Trust Fund Contribution. Deale Title PTD		6. Name and Address of Current	Registered Agent	Nome		7. Name and	Address of New Registered	Agent	
C TONFORMINION STREET ADDRESS PLANTATION FL 33324 City FL Zip Code City FL Zip Cod									
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	1200 SOUTH PINE ISLAND ROAD			Street	Street Address (P.O. Box Number is Not Acceptable)				
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TITLE 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 informatic 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 direct	NAME STREET ADDRESS CITY-ST-ZIP	partiful that the information as a slight with		NAME STREET ADDRES CITY-ST-ZIP		etion 110 07/23/0	Florida Statutae Liturthor on		Addition KE

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