## **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N0000005959 THE EDC FOUNDATION FOR EDUCATION, INC. Principal Place of Business Mailing Address 301 EAST PINE STREET 301 EAST PINE STREET SUITE 900 SUITE 900 ORLANDO FL 32801-2705 ORLANDO FL 32801-2705 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-3679008 Zip Country. \_\_\_\_\_ Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BOBROFF, MICHAEL L 301 EAST PINE STREET SUITE 900 ORLANDO FL 32801-2705 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) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE

Apr 25, 2001 8:00 am Secretary of State

04-25-2001 90021 038 \*\*\*\*61.25



Zip Code

Make Check Payable to **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition NAME HUNT, THOMAS STREET ADDRESS STREET ADDRESS 301 EAST PINE STREET, SUITE 900 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801-2705 TITLE ☐ Change ☐ Addition ☐ Delete TITLE MELTON, HOWELL NAME NAME STREET ADDRESS 301 EAST, PINE STREET, SUITE 900 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ORLANDO FL 32801-2705 ☐ Change ☐ Addition TITI F ☐ Defete TITLE RIGSBY, JOHN NAME NAME STREET ADDRESS 301 EAST, PINE STREET, SUITE 900 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ORLANDO FL 32801-2705 ☐ Change **X** Addition ☐ Delete TITLE TITLE Wallace, Derrick NAME NAME 30 South Ivey Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32811 ☐ Change ☐ Addition TITLE/ □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 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.

Executive Vice President 3/16/01 407/422-7159

Daytime Phone #