

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90455 022 \*\*\*\*\*61.25

**DOCUMENT # 701862**

1. Entity Name

**FLORIDA EDUCATION ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**118 NORTH MONROE STREET  
TALLAHASSEE FL 32399-1700  
US**

**118 NORTH MONROE STREET  
TALLAHASSEE FL 32399-1700  
US**

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

**59-0246333**

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

**TORNILLO, PAT L JR  
118 NORTH MONROE ST.  
TALLAHASSEE FL 32399**

Name

**Maureen Dinnen**

Street Address (P.O. Box Number is Not Acceptable)

**213 South Adams St**

City

**Tallahassee**

**FL**

Zip Code  
**32301**

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

*Maureen S. Dinnen*

**5/1/01**

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **GENTILE, ANTHONY J**  
CITY-ST-ZIP **8026 NW 72ND ST  
TAMARAC FL**

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

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **MOODY, RITA**  
CITY-ST-ZIP **RT 2 BOX 1363  
FT. MCCOY FL 32637**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Maureen Dinnen**  
CITY-ST-ZIP **213 South Adams St  
Tallahassee, FL 32301**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FORD, ANDY**  
CITY-ST-ZIP **118 N. MONROE ST.  
TALLASSEE FL 12399**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **LEE, BOB**  
CITY-ST-ZIP **118 N MONROE ST  
TALLAHASSEE FL**

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:

*Maureen S. Dinnen*

**5/1/01**

**850-222-4767**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)