

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90004 003 ****61.25

DOCUMENT # 708122

1. Entity Name

HEART OF FLORIDA EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

**7722 S.R. 544 EAST
WINTER HAVEN FL 33881
US**

Mailing Address

**P O BOX 188
HAINES CITY FL 33845
US**

2. Principal Place of Business

Suite, Apt. #, etc.
7722 State Road 544

3. Mailing Address

P O Box 188

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Haines City, FL

4. FEI Number

59-1097573

Applied For

Not Applicable

Zip

33881

Country

USA

Zip

33845

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAREFOOT, GEORGE H
7722 S R 544 EAST
WINTER HAVEN FL 33881**

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

George H. Carefoot, President

1/9/2001

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

TITLE **President** ☐ Delete
NAME **CAREFOOT, GEORGE H**
STREET ADDRESS **313 HAMILTON SHORE DRIVE, N.E.**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **CD** ☒ Delete
NAME **STALNAKER, RALPH**
STREET ADDRESS **15 CANTERBURY DRIVE**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **SD** ☐ Delete
NAME **DAVIS, MARY A**
STREET ADDRESS **309 S. 14TH STREET**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **CD** ☐ Delete
NAME **PRATT, JEAN**
STREET ADDRESS **101 FAIRWAY DR**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **SD** ☐ Delete
NAME **WHITE, JAMES**
STREET ADDRESS **PO BOX 1484**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **TD** ☒ Delete
NAME **DEWELL, JOHN J**
STREET ADDRESS **913 HILL DRIVE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Pinner, Ernest S.**
STREET ADDRESS **54 Pine Forest Drive**
CITY-ST-ZIP **Haines City, Florida 33844**

TITLE **D** ☐ Change ☒ Addition
NAME **Rocker, J Thomas**
STREET ADDRESS **2740 Sequoyah Drive**
CITY-ST-ZIP **Haines City, Florida 33844**

TITLE **D** ☐ Change ☒ Addition
NAME **Broadaway, Thomas**
STREET ADDRESS **24 Nottingham Way**
CITY-ST-ZIP **Haines City, Florida 33844**

TITLE **D** ☐ Change ☒ Addition
NAME **Gardner, Sharon**
STREET ADDRESS **316 9th Street South**
CITY-ST-ZIP **Haines City, Florida 33844**

TITLE ☐ Change ☐ Addition
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:

George H. Carefoot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George H Carefoot, President

1/9/2002 (863)422-8990

Date

Daytime Phone #

CR2E037 (9/01)