

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90122 034 ****61.25

DOCUMENT # 716707

1. Entity Name

EDUCATIONAL OPPORTUNITIES, INC.



Principal Place of Business
**5725 IMPERIAL LAKES BLVD.
MULBERRY FL 33860**

Mailing Address
**P.O. BOX 6067
LAKELAND FL 33807**

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 **59-1269611**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOLT, ROBERT S
601 BAYSHORE BOULEVARD
SUITE 700
TAMPA FL 33606**

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

SIGNATURE

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 **CD** ☐ Delete
NAME **BLACKBURN, A B JR**
STREET ADDRESS **1921 DEWEY PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Change ☒ Addition
NAME **Grove, William B. Bshp**
STREET ADDRESS **109 McDavid Lane**
CITY-ST-ZIP **Charleston, WV 25311**

TITLE **PED** ☐ Delete
NAME **DUNCAN, ROBERT J REV**
STREET ADDRESS **515 CANOE BROOK DR., 1479 HEMLOCK FARMS**
CITY-ST-ZIP **HAWLEY PA 18428**

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

TITLE **ST** ☐ Delete
NAME **MYERS, STEVEN W**
STREET ADDRESS **5725 IMPERIAL LAKES BLVD.**
CITY-ST-ZIP **MULBERRY FL 33860**

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

TITLE **D** ☒ Delete
NAME **ROSENBERG, IRVING**
STREET ADDRESS **530 5TH AVE., 14TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10036**

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

TITLE **D** ☐ Delete
NAME **KNOX, JAMES L BSHP**
STREET ADDRESS **6848 15TH STREET**
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

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

TITLE **D** ☐ Delete
NAME **MORGAN, ROBERT C BSHP**
STREET ADDRESS **1295 MALIBU AVENUE**
CITY-ST-ZIP **BIRMINGHAM AL 35216**

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:

Steven W Myers **REQUIRED** *Myers*

2/24/03

(863) 644-8485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)