

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90521 034 ****61.25

DOCUMENT # 748949

1. Entity Name

FLORIDA ASSOCIATION OF STATE AND FEDERAL EDUCATI

Principal Place of Business

Mailing Address

**400 E LAKE MARY BLVD
 SANFORD FL 32773-7127
 US**

**SEMINOLE COUNTY SCHOOL BD
 400 E LAKE MARY BLVD
 SANFORD FL 32773-7127
 US**

2. Principal Place of Business

3. Mailing Address

500 E. Ocean Blvd.

Martin Co. Sch. Board

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Title I Office

500 E. Ocean Blvd.

City & State

City & State

Stuart, FL

Stuart, FL

4. FEI Number

59-0909411

Applied For

Not Applicable

Zip

Country

Zip

Country

34994

USA

34994

USA

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

**MURRAY, MARJORIE C
 EDUCATIONAL SUPPORT CENTER
 400 E LAKE MARY BLVD
 SANFORD FL 32773-7127**

Name

Mary Alice Stewart

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

Martin County School Board

500 E. Ocean Blvd.

City

Stuart

FL

Zip Code

34994

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 *Mary Alice Stewart*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/12/01
 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 **DP**
 STREET ADDRESS **MURRAY, MARJORIE C**
 CITY-ST-ZIP **400 E LAKE MARY BLVD
 SANFORD FL 32773-7127**

TITLE ☒ Change ☐ Addition
 NAME **DP**
 STREET ADDRESS **Stewart, Mary Alice**
 CITY-ST-ZIP **500 E. Ocean Blvd.
 Stuart, FL 34994**

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **STEWART, MARY ALICE**
 CITY-ST-ZIP **500 E. OCEAN BLVD
 STUART FL 34994**

TITLE ☒ Change ☐ Addition
 NAME **DVP**
 STREET ADDRESS **Miller, Don**
 CITY-ST-ZIP **817 Bill Beck Blvd.
 Kissimmee, FL 34744**

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **FOSTER, SHARYN**
 CITY-ST-ZIP **P.O. BOX 391 N/A
 BARTOW FL 33830-0391**

TITLE ☐ Change ☐ Addition
 NAME **DS**
 STREET ADDRESS **Foster, Sharyn**
 CITY-ST-ZIP **P.O. Box 391
 Bartow, FL 33830**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **SMITH, ED**
 CITY-ST-ZIP **620 E. UNIVERSITY AVE.
 GAINESVILLE FL 32601**

TITLE ☒ Change ☐ Addition
 NAME **DT**
 STREET ADDRESS **Adams, Brian, Dr.**
 CITY-ST-ZIP **P.O. Box 9069
 Bradenton, FL 34206**

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **MILLER, DON**
 CITY-ST-ZIP **817 BILL BECK BLVD
 KISSIMMEE FL 34744**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Murray, Marjorie C.**
 CITY-ST-ZIP **400 E. Lake Mary Blvd.
 Sanford, FL 32773**

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **SCOTT, VIVIAN**
 CITY-ST-ZIP **PO BOX 1059
 JASPER FL 32052-1059**

TITLE ☐ Change ☐ Addition
 NAME **DVP**
 STREET ADDRESS **Scott, Vivian**
 CITY-ST-ZIP **P.O. Box 1059
 Jasper, FL 32052**

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: *Mary Alice Stewart* **MARY ALICE STEWART** *2/12/01* **561-219-1200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **430211**

CR2E037 (10/00)