

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90325 022 ***150.00

DOCUMENT # 748949

1. Entity Name

FLORIDA ASSOCIATION OF STATE AND FEDERAL EDUCATIONAL PROGRAM ADMINISTRATORS, INC.



Principal Place of Business

**500 E OCEAN BLVD
TITLE 1 OFFICE
STUART FL 34994
US**

Mailing Address

**MARTIN CO SCHOOL BOARD
500 E OCEAN BLVD
STUART FL 34994
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 **59-0909411**

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

**STEWART, MARY A
MARTIN COUNTY SCHOOL BOARD
500 E OCEAN BLVD
STUART FL 34994**

7. Name and Address of New Registered Agent

Name

Donald L. Miller

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

Osceola District Schools

817 Bill Beck Blvd.

City

Kissimmee

FL

Zip Code
34744

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 **DP** ☐ Delete
NAME **STEWART, MARY A**
STREET ADDRESS **500 E OCEAN BLVD**
CITY-ST-ZIP **STUART FL 34994**

TITLE **DP** ☐ Change ☐ Addition
NAME **Donald L. Miller**
STREET ADDRESS **817 Bill Beck Blvd.**
CITY-ST-ZIP **Kissimmee, FL 34744**

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

TITLE **DVP** ☐ Change ☐ Addition
NAME **Jay Langley**
STREET ADDRESS **200 N. Clara Ave.**
CITY-ST-ZIP **Deland, FL 32721-2118**

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

TITLE **DS** ☐ Change ☐ Addition
NAME **Sharyn Foster**
STREET ADDRESS **P.O. Box 391**
CITY-ST-ZIP **Bartow, FL 22830-0391**

TITLE **DT** ☐ Delete
NAME **ADAMS, BRIAN DR**
STREET ADDRESS **P O BOX 9069**
CITY-ST-ZIP **BRADENTON FL 34206**

TITLE **DT** ☐ Change ☐ Addition
NAME **Diane Dannemiller**
STREET ADDRESS **919 North Broad Street**
CITY-ST-ZIP **Brooksville, FL 34601**

TITLE **D** ☐ Delete
NAME **MURRAY, MARJORIE C**
STREET ADDRESS **400 E LAKE MARY BLVD**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **D** ☐ Change ☐ Addition
NAME **MaryAlice Stewart**
STREET ADDRESS **500 E. Ocean Blvd.**
CITY-ST-ZIP **Stuart, FL 34994**

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

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

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:

Donald L. Miller

3/16/03

407-870-4934

CR2E037 (10/02)