2002 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2002 8:00 am **DOCUMENT # 761652** Secretary of State 1. Entity Name FLORIDA ALPHA EDUCATIONAL FOUNDATION-PDT. INC. 02-06-2002 90047 026 ****61.25 Principal Place of Business Mailing Address 201 NORTH MARION STREET 201 NORTH MARION STREET SUITE 301 SUITE 301 LAKE CITY FL 32055 LAKE CITY FL 32055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2180616 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NORRIS, GUY 201 NORTH MARION STREET SUITE 301 Zip Code City FL LAKE CITY FL 32055 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. П Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition CR2E037 (9/01 CD TITLE TITLE **X** Delete ANKOW GEORGE H. BROWN, HYATT J NAME NAME 16806 THOMAS CHAPEL DRIVE STREET ADDRESS STREET ADDRESS P.O. BOX 1712 CITY-ST-ZIP CITY-ST-ZIP TX 75248-1535 DAYTONA BEACH FL 32015 ☐ Delete Change ☐ Addition STD TITLE TITLE TRIPLETT, TOM NAME NAME STREET ADDRESS STREET ADDRESS 2630 N.W. 41ST., ST., BUILDING B CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606 Addition Delete ☐ Change D. TITLE TITLE LLOYD, ROBERT W. ROGERS, DOYLE NAME NAME 1335 N. WEMBLEY CIRCLE STREET ADDRESS STREET ADDRESS P.O. BOX 431 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 Change ☐ Addition ☐ Delete TITLE Norris, Guy NAME NAME STREET ADDRESS STREET ADDRESS 201 N. MARION ST., SUITE 301 CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32055 Change ☐ Addition ☐ Delete TITLE MASSEY, H W JR NAME NAME STREET ADDRESS STREET ADDRESS **801 SPENCER DRIVE** CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 Addition ☐ Delete TITLE HEDRICK, DALE 1100 TECHNOLOGY PLACE, SUITE 122 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S

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 at 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

of the corporation or the re-changed, or on an attachm

SIGNATURE:

FILED