

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

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90100 006 \*\*\*\*61.25

**DOCUMENT # 761652**

1. Entity Name

**FLORIDA ALPHA EDUCATIONAL FOUNDATION-PDT, INC.**



Principal Place of Business

**201 NORTH MARION STREET  
SUITE 301  
LAKE CITY FL 32055**

Mailing Address

**201 NORTH MARION STREET  
SUITE 301  
LAKE CITY FL 32055**

2. Principal Place of Business

**253 N.W. MAIN BLVD.**

3. Mailing Address

**253 N.W. MAIN BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAKE CITY, FL**

City & State

**LAKE CITY, FL**

Zip

**32055**

Country

**USA**

Zip

**32055**

Country

**USA**

4. FEI Number **59-2180616**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NORRIS, GUY**

**201 NORTH MARION STREET  
SUITE 301  
LAKE CITY FL 32055**

7. Name and Address of New Registered Agent

Name **GUY NORRIS**

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

**253 N.W. MAIN BLVD.**

City

**LAKE CITY**

FL

Code **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. 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 reinstalling)

**1-13-03**

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

|                                                |                                                                                            |                                 |
|------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD<br/>LANKOW, GEORGE<br/>16806 THOMAS CHAPEL DRIVE<br/>DALLAS TX 75248-1535</b>        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>TRIPLETT, TOM<br/>2630 N.W. 41ST., ST., BUILDING B<br/>GAINESVILLE FL 32606</b>  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LLOYD, ROGER<br/>1335 N WEMBLEY CIRCLE<br/>DAYTONA BEACH FL 32124</b>             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>NORRIS, GUY<br/>201 N. MARION ST., SUITE 301<br/>LAKE CITY FL 32055</b>          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MASSEY, H W JR<br/>801 SPENCER DRIVE<br/>WEST PALM BEACH FL 33409</b>             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>HEDRICK, DALE<br/>1100 TECHNOLOGY PLACE STE 122<br/>WEST PALM BEACH FL 334074</b> | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                        |                                                                              |
|------------------------------------------------|------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>LAN KOW, GEORGE</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>LLOYD, ROBERT</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

**SIGNATURE REQUIRED**

**1-13-03**

**386-752-7240**

CR2E037 (10/02)