

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768296

1. Entity Name

FRANK PETERSON VOCATIONAL EDUCATION FOUNDATION,

Principal Place of Business

2315 IVYLGAIL DRIVE EAST
JACKSONVILLE FL 32225

Mailing Address

2315 IVYLGAIL DRIVE EAST
JACKSONVILLE FL 32225-2009

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

59-2637245

Applied For

Not Applicable

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

DEAL, KEITH M.
101 BARNETT REGENCY TOWER
JACKSONVILLE FL 32211

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME PETERSON, RENA
STREET ADDRESS 6263 POTTSBURG PLANTATION BLVD
CITY-ST-ZIP JACKSONVILLE FL 32216

☐ Delete

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

TITLE D
NAME HOLECHEK, JOHN F
STREET ADDRESS 1701 PRUDENTIAL DR
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ Delete

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

TITLE ST
NAME AUSTELL, JEAN
STREET ADDRESS 2315 IVYLGAIL DR 2
CITY-ST-ZIP JACKSONVILLE FL 32225

☐ Delete

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

TITLE VD
NAME RIGSBY, DAVID
STREET ADDRESS 8417 SANCHEZ ROAD
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

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

TITLE D
NAME GIBSON, HAROLD
STREET ADDRESS 5133 SOUTEL DRIVE
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

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

TITLE D
NAME COSBY, JON P.
STREET ADDRESS 12934 DEEP LAGOON PLACE E
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90099 016 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)