

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90022 044 ****70.00

DOCUMENT # 769128

1. Entity Name

INDEPENDENT DEVELOPMENT EDUCATION ASSOCIATES SER

Principal Place of Business

Mailing Address

7 PEPITA STREET
 FT MYERS BEACH FL 33901
 US

P.O. BOX 2863
 FT MYERS BEACH FL 33902-2863
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0138511

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHURCH, DONNA J.
7 PEPITA ST.
FT. MYERS, FL FL 33931

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	COOK, AMTOINETTE	6500 ESTERO BLVD	FORT MYERS FL	<input type="checkbox"/>
PD	CHAPMAN, THOMAS H.	5091 LEXINGTON BLVD	FORT MYERS FL	<input type="checkbox"/>
SD	TRACY, PATRICIA	9239 KINCAID COURT	SANIBEL FL	<input type="checkbox"/>
D	TOMLINSON, WILLIAM E.	1680 RAINFOREST LANE	FORT MYERS FL	<input type="checkbox"/>
D	DOLAN, LAURA	12660 SHANNONDALE DR.	FT. MYERS FL	<input type="checkbox"/>
TD	CHURCH, ELLISON R	7 PEPITA STREET	FT MYERS BEACH FL 33931	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Director	CHAPMAN, THOMAS H.	5091 Lexington BLVD	FORT MYERS FL.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
President	TOMLINSON WILLIAM E.	1680 RAINFOREST LANE	FORT MYERS FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: *William E. Tomlinson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2000 941-472-3111
 Date Daytime Phone #

CR2E037 (9/99)