FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # 769128 1. Entity Name INDEPENDENT DEVELOPMENT EDUCATION ASSOCIATES SER 04-30-2001 90140 014 \*\*\*\*70.00 Principal Place of Business Mailing Address 7 PEPITA STREET P.O. BOX 2863 FT MYERS BEACH FL 33931 FT MYERS BEACH FL 33932 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0138511 Not Applicable Zip Country Country \$8.75 Additional 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) CHURCH, DONNA J. 7 PEPITA ST. FT. MYERS, FL FL 33931 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Addition COOK, AMTOINETTE NAME NAME STREET ADDRESS 6500 ESTERO BLVD STREET ADDRESS CITY-ST-ZIP FORT MYERS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME CHAPMAN, THOMAS H. NAME STREET ADDRESS 5091 LEXINGTON BLVD STREET ADDRESS CITY-\$T-ZIP FORT MYERS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TRACY, PATRICIA NAME NAME STREET ADDRESS 9239 KINCAID COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SANIBEL FL TITLE ☐ Delete TITLE Change Addition TOMLINSON, WILLIAM E. NAME NAME STREET ADDRESS 1680 RAINFOREST LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL TITLE ☐ Delete TITLE Change Addition DOLAN, LAURA NAME NAME STREET ADDRESS 12660 SHANNONDALE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. MYERS FL TITLE ☐ Delete TITLE ☐ Addition CHURCH, ELLISON R NAME NAME STREET ADDRESS 7 PEPITA STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS BEACH FL 33931 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR