

# 2000 UNIFORM BUSINESS REPORT (UBR)

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A/E

DOCUMENT # **A32217**

1. Entity Name

**EDUCATIONAL DEVELOPMENT RESOURCES ASSOCIATES, LT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 28 AM 10: 02

Principal Place of Business

12420 TELECOM DR.  
TEMPLE TERRACE FL 33637-0911

Mailing Address

5417 KENNEDY HILLS DR.  
SEFFNER FL 33584

2. Principal Place of Business

3. Mailing Address

12420 Telecom Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Temple Terrace, FL

4. FEI Number

59-3097663

Applied For

Not Applicable

Zip

Country

Zip

33637-0911

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTELLANO, ROBERT F  
5417 KENNEDY HILLS DRIVE  
SEFFNER FL 33584

Name

Castellano, Sandra

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

12420 telecom Dr

City

Temple Terrace

FL

Zip Code

33637

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

Sandra J. Castellano Sandra Castellano-President 8/16/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

=\$105,000.00 5,000

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # S93257  
NAME EDUCATIONAL DEVELOPMENT RESOURCES, INC.  
STREET ADDRESS 5417 KENNEDY HILLS DR.  
CITY-ST-ZIP SEFFNER FL

STREET ADDRESS

CITY-ST-ZIP

12420 Telecom Dr  
Temple Terrace, FL 33637

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED  
Sandra J. Castellano  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/16/00 (813) 979-0002

Date

Daytime Phone #

CR2E003 (5/00)