

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000002968**

1. Entity Name

THE CALLERLAB FOUNDATION FOR PRESERVATION & PROM**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90030 001 ****61.25

0029272

Principal Place of Business

**467 FORREST AVE., STE 118
COCOA FL 32922**

Mailing Address

**467 FORREST AVE., STE 118
COCOA FL 32922**

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

41-1693478

Applied For

Not Applicable

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

**REED, JERRY
467 FORREST AVE., STE 118
COCOA FL 32922**

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

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	COLE, LARRY	
STREET ADDRESS	3302 N 500 W	
CITY-ST-ZIP	MARION NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACOBS, MIKE	
STREET ADDRESS	PO BOX 484	
CITY-ST-ZIP	HERNDON VA	
TITLE	STD	<input type="checkbox"/> Delete
NAME	REED, JERRY	
STREET ADDRESS	943 TAMARIND CIRCLE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, GREGG	
STREET ADDRESS	1331 SUNSET ROAD	
CITY-ST-ZIP	COLORADO SPRINGS CO	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, CLARK	
STREET ADDRESS	426 MARSH ST	
CITY-ST-ZIP	BELMONT MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUG	
STREET ADDRESS	11649 CHAIRMAN #16	
CITY-ST-ZIP	DALLAS TX	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYO, SIM	
STREET ADDRESS	79 WASH POND RD	
CITY-ST-ZIP	HAMPSHIRE, NH 03841	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

01-08-01

321-639-0039

Date

Daytime Phone #

CR2E037 (10/00)