

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005509

1. Entity Name

PHIL RITSON EDUCATION FOUNDATION, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90155 032 ****70.00

Principal Place of Business

Mailing Address

16301 PHIL RITSON WAY
 WINTER GARDEN FL 34787
 US

16301 PHIL RITSON WAY
 WINTER GARDEN FL 34787-9177
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3465631

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

RITSON, PHILIP V
 16301 PHIL RITSON WAY
 WINTER GARDEN FL 34787

Name Sadrianna, James V.

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

16301 Phil Ritson Way

City Winter Garden

FL

Zip Code 34787

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 CD ☐ Delete
 NAME RITSON, PHIL
 STREET ADDRESS 16301 PHIL RITSON WAY
 CITY-ST-ZIP WINTER GARDEN FL 34787

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

TITLE DVS ☐ Delete
 NAME DORSEY, TOM DR.
 STREET ADDRESS 708 W. JACKSON ST.
 CITY-ST-ZIP ORLANDO FL 32805

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

TITLE DPT ☐ Delete
 NAME SADRIANNE, JAMES V
 STREET ADDRESS 16301 PHIL RITSON WAY
 CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☒ Change ☐ Addition
 NAME Sadrianna, James V
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)