

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005959

1. Entity Name

THE EDC FOUNDATION FOR EDUCATION, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90135 008 ****61.25

Principal Place of Business Mailing Address
301 EAST PINE STREET 301 EAST PINE STREET
SUITE 900 SUITE 900
ORLANDO FL 32801-2705 ORLANDO FL 32801-2705

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

59-3679008

Applied For

Not Applicable

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

BOBROFF, MICHAEL L
301 EAST PINE STREET
SUITE 900
ORLANDO FL 32801-2705

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 ☐ Delete
D HUNT, THOMAS
STREET ADDRESS 301 EAST PINE STREET, SUITE 900
CITY-ST-ZIP ORLANDO FL 32801-2705

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

TITLE NAME ☐ Delete
D MELTON, HOWELL
STREET ADDRESS 301 EAST PINE STREET, SUITE 900
CITY-ST-ZIP ORLANDO FL 32801-2705

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

TITLE NAME ☐ Delete
D RIGSBY, JOHN
STREET ADDRESS 301 EAST PINE STREET, SUITE 900
CITY-ST-ZIP ORLANDO FL 32801-2705

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

TITLE NAME ☐ Delete
D WALLACE, DERRICK
STREET ADDRESS 30 SOUTH IVEY LANE
CITY-ST-ZIP ORLANDO FL 32811

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 Derrick Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/02 601427159

CR2E037 (9/01)