

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006359

1. Entity Name

FLORIDA ASSOCIATION OF COMPUTER TEACHERS, INC.

Principal Place of Business

600 S. CLYDE MORRIS BLVD., RM 143
EMBRY-RIDDLE AERONAUTICAL UNIV.
DAYTONA BCH FL 32114-3900

Mailing Address

600 S. CLYDE MORRIS BLVD., RM 143
EMBRY-RIDDLE AERONAUTICAL UNIV.
DAYTONA BCH FL 32114-3900

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3675511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, JAN
600 S. CLYDE MORRIS BLVD., RM 143
EMBRY-RIDDLE AERONAUTICAL UNIV.
DAYTONA BCH FL 32114-3900

7. Name and Address of New Registered Agent

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)

1/4/01

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 PD
NAME COLLINS, JAN
STREET ADDRESS 600 S. CLYDE MORRIS BLVD., RM 143
CITY-ST-ZIP DAYTONA BCH FL 32114-3900 ☐ Delete

TITLE VD
NAME GRIFFIN, STEVE
STREET ADDRESS LINCOLN HIGH SCHOOL
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE SD
NAME CRUDELE, MIKE
STREET ADDRESS RANSOM EVERGLADES SCHOOL
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE TD
NAME BRIXIUS, NICK
STREET ADDRESS 600 S. CLYDE MORRIS BLVD., RM 143
CITY-ST-ZIP DAYTONA BCH FL 32114-3900 ☐ Delete

TITLE VD
NAME MARU, CAROLINE
STREET ADDRESS NEW SMYRNA BCH HIGH SCHOOL
CITY-ST-ZIP NEW SMYRNA BCH FL ☐ Delete

TITLE VD
NAME REEDER, BYRON
STREET ADDRESS JESUIT HIGH SCHOOL
CITY-ST-ZIP TAMPA FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01

Date

Daytime Phone #

904-226-6656

CR2E037 (10/00)

0008412

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90065 007 ****61.25



DO NOT WRITE IN THIS SPACE