

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90171 035 ****61.25

DOCUMENT # N00000006492

1. Entity Name

CENTRAL FLORIDA HIGHER EDUCATIONAL ALLIANCE, INC

Principal Place of Business

1800 PEMBROKE DR., SUITE 160
 ORLANDO FL 32810-6303

Mailing Address

1800 PEMBROKE DR., SUITE 160
 ORLANDO FL 32810-6303

2. Principal Place of Business

3. Mailing Address

PO Box 160518

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Altamonte Springs, FL

Zip

Country

Zip

Country

32716-0518

USA

4. FEI Number

59 3675603

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

TISCHLER, JAMES
1800 PEMBROKE DR., SUITE 160
ORLANDO FL 32810-6303

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 STREET ADDRESS CITY-ST-ZIP	D TISCHLER, JAMES 1000 PEMBROKE DR., SUITE 160 ORLANDO FL 32810-6303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTISON, JENNIFER 2290 LUCIEN WAY, SUITE 400 MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREPS, JERILYN D 1650 SAND LAKE RD., SUITE 111 ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEAGER, BROOK 725 PRIMERA BLVD., SUITE 125 LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHAN, KAREN 7087 GRAND NATIONAL DR. ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTHUBER, DAVID 604 COURTLAND ST., SUITE 150 ORLANDO 32 804	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *James Tischler* **2/4/01** **407 659 0900**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #