9/9/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State
09-09-2002 90025 031 ****61.25

DOCUMENT # N00000006492

1. Entity Name

CENTRAL FLORIDA HIGHER EDUCATIONAL ALLIANCE, INC

Principal Place of Business	Mailing Address
1800 PEMBROKE DR., SUITE 160 ORLANDO FL 32810-6303	P.O. BOX 160518 ALTAMONTE SPRINGS FL 32716-0518

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1650 Sand Lake Rd. Suite, Apt. #, etc. Suite 111	PO Box 160518 Suite, Apt. #, etc.
City & State Orlando FL	City & State Altamonte Springs FL
Zip / Country 32809 USA	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: Jerilyn Kreps, Pres. Street Address (P.O. Box Number is Not Acceptable): 1650 Sand Lake Rd. Ste 111 City: Orlando **FL** Zip Code: 32809

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jerilyn Kreps 9/5/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

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	☑ Delete	TITLE D Jerilyn Kreps, Pres. 1650 Sand Lake Rd. Ste 111 Orlando FL 32809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATTISON, JENNIFER 2290 LUCIEN WAY, SUITE 400 MAITLAND FL 32751	☑ Delete	TITLE D Audrey Kelleher, V. Pres. 3000 S. John Young Pkwy Orlando FL 32805	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KREPS, JERILYN D 1650 SAND LAKE RD., SUITE 111 ORLANDO FL 32809	☐ Delete	TITLE D Karen Buchan, V. Pres. 7087 Grand National Dr. Orlando FL 32819	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YEAGER, BROOK 725 PRIMERA BLVD., SUITE 125 LAKE MARY FL 32746	☑ Delete	TITLE D Kim Nelson, Sec. 5478 Lake Howell Rd. Winter Park FL 32792	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCHAN, KAREN 7087 GRAND NATIONAL DR. ORLANDO FL 32819	☐ Delete	TITLE D Chris Semler, Treasurer 4000 Millenia Blvd. Orlando FL 32839	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORTHUBER, DAVID 604 COURTLAND ST., SUITE 150 ORLANDO 32 804	☑ Delete	TITLE D Jean Reynolds, Dir. at Lg 604 Courtland St. Ste. 150 Orlando FL 32804	☐ Change ☑ Addition

CR2E037 (4/02)

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 Kim Nelson 9/18/02 9/4/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 407 678 6333 Daytime Phone #