

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N00000007277**

1. Entity Name

**BURTON-VOCELLE EDUCATIONAL FOUNDATION, INC.**

Principal Place of Business

**1849 25TH STREET  
VERO BEACH FL 32960**

Mailing Address

**1849 25TH STREET  
VERO BEACH FL 32960**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**BURTON, JANE P  
1849 25TH STREET  
VERO BEACH FL 32960**

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)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BURTON, JANE P 1849 25TH STREET VERO BEACH FL 32960</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VOCELLE, LOUIS B JR 3333 20TH STREET VERO BEACH FL 32960</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BURTON, THOMAS W 1849 25TH STREET VERO BEACH FL 32960</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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

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:

**JANE P. BURTON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/2002**

Date

**772/569-2284**

Daytime Phone #

05-27-2002 90306 003 61.25

N00000007277

FILED

02 DEC 23 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE  
**05/27/02 90306 003 61.25**

4. FEI Number

**030466776**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

CR2E037 (9/01)

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VIRGINIA M. WETHERALD  
Certified Public Accountant

937 20<sup>th</sup> Place  
Vero Beach, FL 32960

Phone (772) 978-1292  
Fax (772) 978-1294  
Email: [Vwetherald@aol.com](mailto:Vwetherald@aol.com)

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

RE: Burton-Vocelle Education Foundation, Inc.  
2002 Uniform Business Report  
Document #N00000007277

To Whom It May Concern:

The above named client has referred you notice of not receiving the UBR to me for response. Please find enclosed a copy of the return filed along with a copy of the cashier's check which paid for this fee. We do not receive cancelled checks when it is a cashiers check so are unable to forward that to you.

Please review your records to trace this payment. Please notify our office if you need any additional information.

Sincerely,



Virginia M. Wetherald, CPA