2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 16, 2001 8:00 am[§] Secretary of State DOCUMENT # N0000007454 05-16-2001 90382 045 ***150.00 PEARCEY EDUCATIONAL ASSOCIATION FOR ALL CULTURES Principal Place of Business Mailing Address 2646 22ND ST. P. O. BOX 1034 656206 SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address P.O. Box 51163 --Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-ARASOTA Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 23 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .Name Street Address (P.O. Box Number is Not Acceptable) PEARCEY, MARY A 2646 22ND ST. SARASOTA FL 34234 City Zip Code Fl 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. (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Detete TITLE CEO ☐ Change Addition Mary Annette Pearcey 2646 22M Street NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SOMASSTA PL 34232 TITLE ☐ Delete TITLE Change Addition charles Pearcey NAME NAME STREET ADDRESS STREET ADDRESS P.O. Box 1034 CITY-ST-ZIP CITY-ST-ZIP Source-sotain ☐ Delete TITLE Director ☐ Change **⊠**-Addition Lynette Edwards 215 manater AVEW. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Bradenton PL 34205 ☐ Change ☐ Delete TITLE DIFECTON Addition bane He white NAME 817-27+45+, C++. E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Bradenton FL 34208 TITLE ☐ Delete TITI F rector Change Addition Harriet J. Holder NAME NAME 1865 Sanford Circle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Sprasota FL 34234 Delete TITLE Addition TITLE Change Director NAME NAME STREET ADDRESS Gillespie A STREET ADDRESS CITY-ST-ZIP 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.