

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008252

1. Entity Name

FLORIDA COALITION FOR ASSESSMENT REFORM, INC.

Principal Place of Business

310 MICHIGAN AVENUE
LYNN HAVEN FL 32444

Mailing Address

310 MICHIGAN AVENUE
LYNN HAVEN FL 32444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3690734

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

PIPKIN, GLORIA
310 MICHIGAN AVENUE
LYNN HAVEN FL 32444

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 D ☐ Delete
NAME BRADY, MARION
STREET ADDRESS 4285 NORTH INDIAN RIVER DRIVE
CITY-ST-ZIP COCOA FL 32927

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

TITLE D ☐ Delete
NAME CAO, QUAN
STREET ADDRESS 19910 VILLA LANTE PLACE
CITY-ST-ZIP BOCA RATON FL 33434

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

TITLE D ☐ Delete
NAME GILMAN, DEB
STREET ADDRESS 3270 N. STIRRUP DRIVE
CITY-ST-ZIP BEVERLY HILLS FL 34465

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

TITLE D ☐ Delete
NAME PIPKIN, GLORIA
STREET ADDRESS 310 MICHIGAN AVENUE
CITY-ST-ZIP LYNN HAVEN FL 32444-1428

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

TITLE D ☐ Delete
NAME SMITH, JAIME M
STREET ADDRESS 730 N. MACOMB
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE D ☐ Delete
NAME ZEIGLER, JANICE K
STREET ADDRESS 2450 BRITT ROAD
CITY-ST-ZIP MT. DORA FL 32757

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Gloria Pipkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gloria Pipkin 1/7/02 850-265-6438
Date Daytime Phone #

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90011 043 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)