

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90036 046 ****61.25

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

40000051



☒ **CHECK HERE IF MAKING CHANGES**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3690734

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

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

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

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

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

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

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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

1/4/03

850-265-6438

Date

Daytime Phone #

CR2E037 (10/02)