

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000101

1. Entity Name

INSTITUTE FOR EDUCATIONAL PROGRESS, INC.

Principal Place of Business

7202 JONQUIL DR.
ORLANDO FL 32818

Mailing Address

7202 JONQUIL DR.
ORLANDO FL 32818

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

☒ 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

LLOYD, G. LEROY III, DR
7202 JONQUIL DR.
ORLANDO FL 32818

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

P

LLOYD, G. LEROY III DR
7202 JONQUIL DR.
ORLANDO FL 32818

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V

LLOYD, PRISCILLA A
7202 JONQUIL DR.
ORLANDO FL 32818

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S

BROWN, AUDREY
2203 GORE AVE.
ORLANDO FL 32805

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T

LLOYD, LEROY E
7202 JONQUIL DR.
ORLANDO FL 32818

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

Priscilla A Lloyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 407-855-5880
Date Daytime Phone # 42376

FILED
Aug 01, 2002 8:00 am
Secretary of State

05-27-2002 90401 020 ****61.25

40432



DO NOT WRITE IN THIS SPACE

CR2037 (9/01)