

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90001 018 \*\*\*\*61.25

**DOCUMENT # N01000000202**

1. Entity Name

**BUSINESS EDUCATION SUPPORT BOARD, INCORPORATED**

Principal Place of Business

Mailing Address

**2000 S WASHINGTON AVE STE SB  
TITUSVILLE FL 32780**

**2000 S WASHINGTON AVE STE SB  
TITUSVILLE FL 32780**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**54-3699618**

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

**KOLLER, ALBERT M JR  
2645 ROYAL OAK DR  
TITUSVILLE FL 32780**

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 **STEWART, DAVID**  
STREET ADDRESS **4525 ABBOTT AVE**  
CITY-ST-ZIP **TITUSVILLE FL 32780**

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

TITLE **D** ☐ Delete  
NAME **KENASTON, JEANNIE**  
STREET ADDRESS **3684 MUIRFIELD DR**  
CITY-ST-ZIP **TITUSVILLE FL 32780**

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

TITLE **D** ☐ Delete  
NAME **WILLIAMS, JOHN D**  
STREET ADDRESS **3948 RAMBLING ACRES DR**  
CITY-ST-ZIP **TITUSVILLE FL 32781**

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

TITLE **D** ☐ Delete  
NAME **BOBAY, RONALD**  
STREET ADDRESS **850 KNOX MCRAE DR**  
CITY-ST-ZIP **TITUSVILLE FL 32780**

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

TITLE **D** ☐ Delete  
NAME **CHRISTY, WALTER**  
STREET ADDRESS **4105 TRINIDAD AVE**  
CITY-ST-ZIP **TITUSVILLE FL 32780**

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

TITLE **D** ☐ Delete  
NAME **SIECK, ROBERT**  
STREET ADDRESS **6208 WINDOVER WAY**  
CITY-ST-ZIP **TITUSVILLE FL 32780**

☐ Change ☐ Addition  
TITLE  
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:**

**Albert M. Koller, JR.** 4/25/02 321.449.5060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)