

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

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90087 046 ****61.25

DOCUMENT # N01000000202

1. Entity Name

BUSINESS EDUCATION SUPPORT BOARD, INCORPORATED



Principal Place of Business

**2000 S WASHINGTON AVE STE 38
TITUSVILLE FL 32780**

Mailing Address

**2000 S WASHINGTON AVE STE 38
TITUSVILLE FL 32780**

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 **59-3699618**

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

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

Name **MARCIA GAEDCKE**

Street Address (P.O. Box Number is Not Acceptable)

2000 S WASHINGTON AVE

City **TITUSVILLE**

FL

Zip Code **32780**

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
After September 10, 2003, min will be \$236.25**

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

TITLE **D - S/T** ☐ Delete
NAME **STEWART, DAVID**
STREET ADDRESS **4525 ABBOTT AVE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☐ Change ☒ Addition
NAME **Albert Koller Jr.**
STREET ADDRESS **2645 Royal Oak Dr.**
CITY-ST-ZIP **TITUSVILLE FL 32780**

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

TITLE **D - P** ☐ Change ☒ Addition
NAME **KIMBERLY GREEN**
STREET ADDRESS **6941 Mulberry Ct.**
CITY-ST-ZIP **Melbourne FL 32940**

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

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

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

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

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

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

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

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:

ALBERT M. KOLLER JR. 321-442-5001

CR2E037 (4/03)