

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90164 045 ****61.25

DOCUMENT # NO1000001733

1. Entity Name

FLORIDA ALLIANCE OF SUBSTITUTE TEACHERS, INC.

Principal Place of Business

**2830 WINKLER AVENUE
 SUITE 205
 FORT MYERS FL 33916**

Mailing Address

**1211 SOUTHWEST 49TH TERRACE
 CAPE CORAL FL 33914**

2. Principal Place of Business

1222 S.E. 47th ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

CAPE CORAL

Zip

Country

Zip

Country

33904

Lee

4. FEI Number

65-1076095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

MARVIN A. GOETZ

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

1211 S.W. 49th Terrace

CAPE CORAL

City

FL

Zip Code

33914

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

Marvin A. Goetz

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 **P** ☐ Delete
 NAME **GOETZ, MARVIN A**
 STREET ADDRESS **2830 WINKLER AVENUE SUITE 205**
 CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE **V** ☐ Delete
 NAME **MCBEE, MILDRED**
 STREET ADDRESS **2830 WINKLER AVENUE SUITE 205**
 CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE **S** ☐ Delete
 NAME **JANKLOW, SANDRA**
 STREET ADDRESS **2830 WINKLER AVENUE SUITE 205**
 CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE **D** ☐ Delete
 NAME **BOYLE, THOMAS J**
 STREET ADDRESS **2830 WINKLER AVENUE SUITE 205**
 CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE **D** ☐ Delete
 NAME **BOWMAN, DIANE**
 STREET ADDRESS **2830 WINKLER AVENUE SUITE 205**
 CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE **D** ☐ Delete
 NAME **BAUM, GORDON M**
 STREET ADDRESS **2830 WINKLER AVENUE SUITE 205**
 CITY-ST-ZIP **FORT MYERS FL 33916**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

Marvin A. Goetz

8/29/02 62391542-1746

CR2E037 (4/02)