

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005015

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: EDUCATION RECOVERY, INC.

## Current Principal Place of Business:

44 MAGNOLIA AVE  
SHALIMER, FL 32579

## New Principal Place of Business:

## Current Mailing Address:

44 MAGNOLIA AVE  
SHALIMER, FL 32579

## New Mailing Address:

FEI Number: 59-3742278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KERN, DEBORAH L BSW  
44 MAGNOLIA AVE  
SHALIMER, FL 32579

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KERN, DEBORAH L BSW  
Address: 44 MAGNOLIA AVE  
City-St-Zip: SHALIMER, FL 32579

Title: D ( ) Delete  
Name: KERN, SCOTT  
Address: 44 MAGNOLIA AVE  
City-St-Zip: SHALIMER, FL 32579

Title: D ( ) Delete  
Name: SCEBBI, KENT  
Address: 669 ST LUCIA COVE  
City-St-Zip: NICEVILLE, FL 32578

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EDIR (X) Change ( ) Addition  
Name: KERN, DEBORAH L BSW  
Address: 44 MAGNOLIA AVE  
City-St-Zip: SHALIMER, FL 32579

Title: DIR (X) Change ( ) Addition  
Name: PALMER, ROSEMARY N  
Address: 5260 PIMLICO DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: DIR (X) Change ( ) Addition  
Name: SCEBBI, KENT  
Address: 669 ST LUCIA COVE  
City-St-Zip: NICEVILLE, FL 32578

Title: DIR ( ) Change (X) Addition  
Name: HOUGHLAND, PATRICIA  
Address: 7070 N. BLUE ANGEL PARKWAY  
City-St-Zip: PENSACOLA, FL 32526

Title: DIR ( ) Change (X) Addition  
Name: SANSONE, FRANK A  
Address: 11000 UNIVERSITY PARKWAY  
City-St-Zip: PENSACOLA, FL 32514

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH L. KERN

EDIR

05/01/2002

Electronic Signature of Signing Officer or Director

Date