

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005351

1. Entity Name

CENTER FOR RESEARCH, DATA MANAGEMENT & EVALUATION, INC.

Principal Place of Business

9143 PHILIPS HWY STE 350
JACKSONVILLE FL 32256

Mailing Address

9143 PHILIPS HWY STE 350
JACKSONVILLE FL 32256

2. Principal Place of Business

6850 BELFORT OAKS PL.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32216

Country

USA

Zip

32256

Country

USA

4. FEI Number

04-3640423

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROVEDO, BARBARA
9143 PHILIPS HWY STE 350
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

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

Barbara Rovedo BARBARA ROVEDO

4-15-02

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 D
NAME TEEPLE, BRIAN D
STREET ADDRESS 9143 PHILIPS HWY STE 350
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE D
NAME GILBERT, PHILIP
STREET ADDRESS 515 LOMAX ST
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE D
NAME BRADY, CAROL
STREET ADDRESS 9143 PHILIPS HWY STE 350
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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 ☐ Change ☐ Addition

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

4/15/02

904 277-0888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)