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

Mailing Address

DOCUMENT # N0100007088

1. Entity Name

Principal Place of Business

COUNCIL FOR EDUCATIONAL CHANGE, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90249 038 ****61.25

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150 SE 2 AVE STE 404 Miami FL 33131		150 SE 2 AVE STE 404 Miami FL 33131		00012012				
2. Principal Place of Business 3520 S University Drive		3. Mailing Address 3520 S University Drive		:		8161 3 11 38 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State Davie,	FL	City & State Davie, FL			4. FEI Number 01-0638224	⊢	pplied For lot Applicable	
Zip 33328	Zip Country Zip 33328 USA 33328		Country USA		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	- N:	<u>.</u>	7. Name and Address of New Reg	istered Agent		
INTRACTATE DECICTEDED ACENT CODD				Name Michael Robbins				
INTRASTATE REGISTERED AGENT CORP 150 SE 2 AVE STE 404			Street	Street Address (P.O. Box Number is Not Acceptable) 222 S E 10th Street				
MIAMI FL 33131					O D TOOM BOLCCO			
			City	City Fort Lauderdale, FL 33316				
					t Lauderdale,			
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 Michael J: Kobbins 02/19/03								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	•				W.		_	
FILE NOW: FEE IS \$61.25 9. Election Campaig Trust Fund Contrib						e Check Payable Department of		
10.	- OFFICERS AND DIF	ECTORS	11		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS I	N 10	
TITLE	D HILLER LEONARD	■ Delete	TITLE	P	•	Change	★ Addition	
NAME	MILLER, LEONARD s 700 NW 107 AVE STE 400				tin, Elaine, Ed.D.			
STREET ADDRESS CITY-ST-ZIP				16705 Sapphire Springs				
TITLE	D	☐ Delete	TITLE	SD	ton, FL 33331	X Change	☐ Addition	
NAME	COBB, CHARLES E JR	<u> </u>	NAME		os, Charles	-2 3		
STREET ADDRESS	=			. !	3 Ponce De Leon Blvd			
CITY-ST-ZIP	001012 0110220 112 00101		CITY-ST-ZIP		al Gables, FL 33134			
TITLE	D Saiontz, Steven J	☐ Delete	THTLE	VPD		Change	Addition	
NAME STREET ADDRESS				,	Saiontz, Steven J 760 N W 107th Ave., Ste. 300			
CITY-ST-ZIP			CITY-ST-ZIP	700	ni, FL 33172	• 300		
TITLE	D	☐ Delete	TITLE	CD	<u>,</u>	, √ Change	☐ Addition	
NAME	FOOTE, EDWARD T II		NAME	Foot	ce, Edward T II			
STREET ADDRESS			STREET ADDRESS		MOnza Ave., Ste. 2			
CITY-ST-ZIP	CORAL GABLES FL 33124		CITY-ST-ZIP	+	al Gables, FL 33124		· File Addition	
TITLE NAMÉ		☐ Delete	TITLE NAME	TD	ostek, Gwynn	☐ Change	⅓ Addition	
STREET ADDRESS			STREET ADDRESS		l 10th Ave. N			
CITY-ST-ZIP			CITY-ST-ZIP		Worth, FL 33461		<u> </u>	
TITLE	,	☐ Delete	TITLE	VPD:		☐ Change	. 🔀 Addition	
NAME			NAME		mell, Peter S			
STREET ADDRESS	·		STREET ADDRESS	1 102	Prudential Dr., St			
CITY-ST-ZIP			CITY-ST-ZIP	Jack	sonville, FL 32207			

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:

AHachment

SD Petrey, Roderick 508 Castania Avenue Coral Gables, FL 33146

TD Robbins, Michael J. 222 SE 10 Street Fort Lauderdale, FL 33316