

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90232 005 \*\*\*\*61.25

**DOCUMENT # NO1000007992**

1. Entity Name  
**GUARANTEED INVOLVEMENT FOR TEACHERS & STUDENTS, INC.**

Principal Place of Business      Mailing Address  
**1220 E. INDUSTRIAL DRIVE**      **1220 E. INDUSTRIAL DRIVE**  
**UNIT 11**      **UNIT 11**  
**ORANGE CITY FL 32763**      **ORANGE CITY FL 32763**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**P.O. Box 741392**

City & State      City & State  
**ORANGE CITY FL**  
 Zip      Country      Zip      Country  
**32774-1392**      **USA**

4. FEI Number      Applied For  
**59-3756014**      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  
**DEVANE, JOELLE R**  
**1220 E. INDUSTRIAL DRIVE**  
**UNIT 11**  
**ORANGE CITY FL 32763**

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: Joelle R. DeVane      Joelle R. DeVane      7-2-02  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BRADLEY, REGINA</b> <b>448 E. UNIVERSITY AVENUE</b> <b>ORANGE CITY FL 32763</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>DEVANE, BILL SR.</b> <b>459 E. UNIVERSITY AVENUE</b> <b>ORANGE CITY FL 32763</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>DEVANE, JOELLE R</b> <b>1091 N. CARPENTER AVENUE</b> <b>ORANGE CITY FL 32763</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>DEVANE, KAREN L</b> <b>459 E. UNIVERSITY AVENUE</b> <b>ORANGE CITY FL 32763</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HUGHES, MICHAEL</b> <b>508 DONALDSON DRIVE</b> <b>DEBARY FL 32713</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MECKLEY, JENNIFER</b> <b>1058 BELVEDERE DRIVE</b> <b>DELTONA FL 32725</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 attached address, with a change of address.

SIGNATURE: KAREN L. DEVANE      KAREN L. DEVANE, Treasurer      7-2-02 (386) 804-8465

CR2E037 (4/02)