


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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90821 017 \*\*\*\*61.25

**DOCUMENT # N01000007992**  
1. Entity Name  
**GUARANTEED INVOLVEMENT FOR TEACHERS & STUDENTS, INC.**




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

Mailing Address  
**P.O. BOX 741392  
ORANGE CITY FL 32774-1392**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3756014** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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 \_\_\_\_\_  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRADLEY, REGINA</b> <b>448 E. UNIVERSITY AVENUE</b> <b>ORANGE CITY FL 32763</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEVANE, BILL SR.</b> <b>459 E. UNIVERSITY AVENUE</b> <b>ORANGE CITY FL 32763</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEVANE, JOELLE R</b> <b>1091 N. CARPENTER AVENUE</b> <b>ORANGE CITY FL 32763</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEVANE, KAREN L</b> <b>459 E. UNIVERSITY AVENUE</b> <b>ORANGE CITY FL 32763</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUGHES, MICHAEL</b> <b>508 DONALDSON DRIVE</b> <b>DEBARY FL 32713</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MECKLEY, JENNIFER</b> <b>1058 BELVEDERE DRIVE</b> <b>DELTONA FL 32725</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RANDAZZO, SHELLEY</b> <b>226 COUNCIL BLUFFS DRIVE</b> <b>DELTONA, FL 32725</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Karen L. Devane* **KAREN L. DEVANE** DIRECTOR  
1-10-03 (386) 804-8465

CR2E037 (10/02)