

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91524 016 ****61.25

DOCUMENT # N01000008173

1. Entity Name

Citizens for Quality Education, Inc.

DO NOT WRITE IN THIS SPACE

32137

2. Principal Place of Business
500 S. Florida Avenue

3. Mailing Address
500 S. Florida Avenue

Suite, Apt. #, etc.
Suite 800

Suite, Apt. #, etc.
Suite 800

City & State
Lakeland, FL

City & State
Lakeland, FL

Zip Country
33801 USA

Zip Country
33801 USA

4. FEI Number
59-3755914

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Ronald L. Clark

Street Address (P.O. Box Number is Not Acceptable)
500 S. Florida Avenue, Suite 800

City
Lakeland FL Zip Code
33801

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FEE IS \$61.25
Initial or Amended UBR

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	CD Hunt Berryman 1025 N. Chesnut Road Lakeland, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ben R. Adams, Jr. 202 Security Square Business Center Winter Haven, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Director Larry Hardaway 500 S. Florida Avenue, Suite 800 Lakeland, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Hunt Berryman* **HUNT BERRYMAN** **4-16-02** **863-688-448**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R2E037B (12/01)