

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

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90068 008 \*\*\*\*61.25

**DOCUMENT # N01000008173**

1. Entity Name

**CITIZENS FOR QUALITY EDUCATION, INC.**



Principal Place of Business

**500 S. FLORIDA AVENUE  
SUITE 800  
LAKE LAND FL 33801**

Mailing Address

**500 S. FLORIDA AVENUE  
SUITE 800  
LAKE LAND FL 33801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3755914**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CLARK, RONALD L  
500 S. FLORIDA AVENUE  
SUITE 800  
LAKE LAND FL 33801**

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 **CD** ☐ Delete  
NAME **BERRYMAN, HUNT**  
STREET ADDRESS **1025 N CHESNUT RD**  
CITY-ST-ZIP **LAKE LAND FL 33805**

TITLE **TD** ☐ Delete  
NAME **ADAMS, BEN R JR**  
STREET ADDRESS **202 SECURITY SQUARE BUSINESS CENTER**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **SD** ☐ Delete  
NAME **HARDAWAY, LARRY**  
STREET ADDRESS **500 S. FLORIDA AVENUE, SUITE 800**  
CITY-ST-ZIP **LAKE LAND FL 33801**

TITLE **TD** ☐ Delete  
NAME **ADAMS, BEN R JR**  
STREET ADDRESS **202 SECURITY SQUARE BUSINESS CENTER**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **RONALD L. CLARK**  
STREET ADDRESS **SUITE 800, 500 S. FL. AVE**  
CITY-ST-ZIP **LAKE LAND, FL 33801**

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

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**

**64-03 86367-5337**

CR2E037 (10/02)