

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90184 036 ****61.25

DOCUMENT # NO1000008591

1. Entity Name

INDIGENOUS PEOPLE'S TECHNOLOGY AND EDUCATION CENTER, INC.

Principal Place of Business

Mailing Address

10575 SW 147TH CIR.
DUNNELLON FL 34432

10575 SW 147TH CIR.
DUNNELLON FL 34432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

65-1157844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAINT, JESSE
10575 SW 147TH CIR.
DUNNELLON FL 34432

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D SAINT, STEPHEN**
STREET ADDRESS **3708 SE 4TH ST.**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☒ Change ☐ Addition
NAME **D / P Saint, Stephen**
STREET ADDRESS **3708 SE 4th St.**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE ☐ Delete
NAME **D SOLOMON, TIMOTHY**
STREET ADDRESS **4764 BREEZY PINES BLVD.**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☒ Change ☐ Addition
NAME **D / Executive VP Walrath, Eugene**
STREET ADDRESS **8653-G SW 96th St.**
CITY-ST-ZIP **Ocala, FL 34481**

TITLE ☐ Delete
NAME **D WALRATH, EUGENE**
STREET ADDRESS **8653-G SW 96TH**
CITY-ST-ZIP **OCALA FL 34481**

TITLE ☒ Change ☐ Addition
NAME **D / VP Product Development Schoenig, Darrell**
STREET ADDRESS **6166 Red Ridge Trail**
CITY-ST-ZIP **Bellvue, CO 80512**

TITLE ☐ Delete
NAME **D SMITH, R. GREG**
STREET ADDRESS **11491 E. RAMBLING DR.**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Change ☒ Addition
NAME **S Reed, Paul**
STREET ADDRESS **9177 SW 91st Circle**
CITY-ST-ZIP **Ocala, FL 34481**

TITLE ☐ Delete
NAME **D SCHOENIG, DARRELL**
STREET ADDRESS **6166 RED RIDGE TRAIL**
CITY-ST-ZIP **BELLVUE CO 80512-5684**

TITLE ☐ Change ☒ Addition
NAME **T Saint, Jesse**
STREET ADDRESS **13151 SW 100th Lane**
CITY-ST-ZIP **Dunnellon, FL 34432**

TITLE ☐ Delete
NAME **D VANDERPUI, ABE**
STREET ADDRESS **732 MAJONNIER WAY, PARK OF THE PALMS**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene Walrath

Date

3-12-2002

Daytime Phone #

465-4545

CR2E037 (9/01)