

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90222 011 ****61.25

DOCUMENT # N01000008591

1. Entity Name

INDIGENOUS PEOPLE'S TECHNOLOGY AND EDUCATION CENTER, INC.



Principal Place of Business

**10575 SW 147TH CIR.
DUNNELLON FL 34432**

Mailing Address

**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



☐ CHECK HERE IF MAKING CHANGES

4. FEI 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

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

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

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

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

TITLE **S** ☒ Delete
NAME **REED, PAUL**
STREET ADDRESS **9177 SW 91ST CIRCLE**
CITY-ST-ZIP **OCALA FL 34481**

TITLE **T** ☐ Delete
NAME **SAINT, JESSE**
STREET ADDRESS **13151 SW 100TH LANE**
CITY-ST-ZIP **DUNNELLON FL 34432**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Peters, Douglas C** **S/D** ☐ Change ☒ Addition
NAME
STREET ADDRESS **1270 Windmill Ave.**
CITY-ST-ZIP **Colorado Springs, CO 80907**

TITLE **Smith, Greg** **D** ☐ Change ☒ Addition
NAME
STREET ADDRESS **11491 E. Rambling Dr.**
CITY-ST-ZIP **Wellington, FL 33414**

TITLE **Solomon, Tim** **D** ☐ Change ☒ Addition
NAME
STREET ADDRESS **4764 Breezy Pines Blvd.**
CITY-ST-ZIP **Sarasota, FL 34232**

TITLE **VanderPuy, Marij** **D** ☐ Change ☒ Addition
NAME
STREET ADDRESS **732 Majonnier Way**
CITY-ST-ZIP **Keystone Heights, FL 32656**

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

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 of Jesse Saint

2-19-03

352-465-4545

CR2E037 (10/02)