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

FILED

03 JAN 27 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005308

1. Entity Name
The Alliance of Educational Leaders, Inc.

DO NOT WRITE IN THIS SPACE

400010051114
01/13/03--01055--001 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
10501 FGCU Blvd. South		10501 FGCU Blvd. South	
Suite, Apt. #, etc.		Suite, Apt. #, etc. attn: Dr. Thomas C. Healy	
City & State: Fort Myers, FL		City & State: Fort Myers, FL	
Zip: 33965-6565	Country: USA	Zip: 33965-6565	Country: USA

4. FEI Number: 22-3864367 — ☐ Applied For ☑ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Dr. Thomas C. Healy
Street Address (P.O. Box Number is Not Acceptable)
10501 FGCU Boulevard South
City: Fort Myers FL Zip Code: 33965-6565

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P: Dr. William C. Merwin 10501 FGCU Blvd. South Fort Myers, FL 33965-6565	
VP: Dr. Kenneth P. Walker 8099 College Parkway SW Fort Myers, FL 33919	
M: Dr. Thomas C. Healy 10501 FGCU Blvd. South Fort Myers, FL 33965-6565	
T: Dr. Dave Gaylor 1445 Education Way Port Charlotte, FL 33948	DO NOT WRITE IN THIS SPACE
T: Dr. John Sanders 2055 Central Avenue Fort Myers, FL 33901	
T: Dr. Terry McMahon 2655 Northbrooke Drive Naples, FL 34119	

CR2E037B (12/02)

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: Thomas C Healy — January 6, 2003 — (239) 590-1094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/28