

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90080 042 \*\*\*\*61.25

**DOCUMENT # N04800**

1. Entity Name  
**THE EDUCATION FUND, INC.**

Principal Place of Business      Mailing Address

**4299 NW 36TH ST.  
 STE. 203  
 MIAMI FL 33166  
 US**

**4299 NW 36TH ST.  
 STE. 203  
 MIAMI FL 33166  
 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**6. Name and Address of Current Registered Agent**

**RAATTAMA, HENRY H ESQ  
 AKERMAN SENTERFITT & EDISON PA  
 1 SE 3RD AVE 28TH FLOOR SUNTRUST INTER  
 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2468114**      Applied For  
 Not Applicable

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

**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.

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD KING, STEPHANIE 15000 S SPUR DR MIAMI FL 33161</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD LLERENA, MARIA 444 SW 60 AVE MIAMI FL 33144</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD LOCKE, BARBARA E 701 BRICKELL AVE MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD MENEDEZ, BARBARA 3400 LAKESIDE DR MIRAMAR FL 33027</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED LECHT, LINDA 4299 NW 36 ST STE 203 MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD ROMANI, BARBARA 8750 DORAL BLVD MIAMI FL 33178-2402</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Linda Lecht, President*      **LINDA LECHT**      4/23/01      305/884/2172  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      /Date      Daytime Phone #

CR2E037 (10/00)

Attachment

D# N044800

B0040709

**THE EDUCATION FUND, INC.**

**BOARD OF DIRECTORS**

**OFFICERS**

<p><b>SUSAN YAROSZ, CHAIR</b> First Vice President Corporate Relations Washington Mutual 100 SE 2<sup>nd</sup> St., First Floor Miami, FL 33131</p>	<p><b>FRANK J. ROZA, Esq., TREASURER</b> General Counsel Union Planters Bank 2800 Ponce de Leon Boulevard Coral Gables, FL 33134</p>
---	--

**DIRECTORS**

<p><b>LUCY PETREY</b> Associate Professor Miami-Dade Community College 508 Castania Avenue Coral Gables, FL 33146</p>	<p><b>HECTOR PONTE</b> Vice President Financial Sales Leader First Union National Bank FL6207 200 South Biscayne Boulevard Miami, FL 33131-2397</p>
<p><b>BRENDA BASSETT</b> Senior Advancement Officer Office of Advancement Johnson &amp; Wales University 1701 NE 127<sup>th</sup> St. North Miami, FL 33181-2518</p>	<p><b>PATRICIA JOANN COHEN</b> Teacher of the Year Wesley Matthews Elementary School 12345 S.W. 18<sup>th</sup> Terrace Miami, FL 33175</p>
<p><b>PILAR BOSCH</b> Senior Real Estate Officer Office Depot, Inc. 2200 Old Germantown Road Delray Beach, FL 33445</p>	<p><b>ROGER CUEVAS</b> Superintendent Miami-Dade County Public Schools 1450 N.E. Second Avenue, Room 912 Miami, FL 33132-1308</p>
<p><b>DENNIS DAVIS</b> Principal of the Year Miami Sunset High School 13125 S.W. 72<sup>nd</sup> Street Miami, FL 33183</p>	<p><b>PERLA TABARES HANTMAN</b> School Board Chair The School Board of Miami-Dade County 1450 N.E. 2<sup>nd</sup> Avenue, Room 700 Miami, FL 33132-1308</p>