2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State
01-25-2000 90117 044 ****61.25

DOCUMENT # N05415

1. Entity Name

THE FLORIDA EDUCATIONAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
2915 BUCIDA DR. SARASOTA FL 34232 US	2915 BUCIDA DR. SARASOTA FL 34232-5442 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2659697 ☐ Applied For ☐ Not Applic.

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
GLENDINNING, RUSSELL B 2915 BUCIDA DR. SARASOTA FL 34232	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	PD HUNT, G. LAWRENCE 1814-B LANDING DR. SANFORD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, WILLIAM R 2315 GREENBRIAR DR DELRAY BEACH FL 33445	☑ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GLENDINNING, RUSSELL B. 2915 BUCIDA DRIVE SARASOTA FL.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAMER, ROBERT 2109 TUSCARORA TR MAITLAND FL 32751	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILSON, WILLIAM R. 1388 GALLINULE CIR. DELRAY BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GRABILL, DONN 447 W. VAN BUREN ST. TALLAHASSEE FL 32301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COUTURE, JACQUE A 5318 ANDREA BLVD. ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PECK, WARREN B 14736 CAPRI RD ORLANDO FL 32832	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESCHRICH, DAVID A 917 HAYMARKET DR. LAKELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLEON, DAVID A 3838 SUNBEAM RD. SUITE 1 JACKSONVILLE FL 32257	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTI, WILLIAM A 5509 VAN BUREN ST HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] RUSSELL B GLENDINNING 1/18/00 941-371-3320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #