

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90258 029 ****61.25

DOCUMENT # N05415

1. Entity Name

THE FLORIDA EDUCATIONAL FOUNDATION, INC.



Principal Place of Business

2915 BUCIDA DR.
SARASOTA FL 34232
US

Mailing Address

2915 BUCIDA DR.
SARASOTA FL 34232
US

2. Principal Place of Business

4496 GOLDEN LAKE DR

3. Mailing Address

4496 GOLDEN LAKE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34233

Country

Zip

34233

Country

4. FEI Number **59-2659697**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GLENDINNING, RUSSELL B
2915 BUCIDA DR.
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4496 GOLDEN LAKE DR

City

SARASOTA

FL

Zip Code

34233

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 **PD** ☐ Delete
NAME **HUNT, G. LAWRENCE**
STREET ADDRESS **1814-B LANDING DR.**
CITY-ST-ZIP **SANFORD FL**

TITLE **SD** ☐ Delete
NAME **GLENDINNING, RUSSELL B.**
STREET ADDRESS **2915 BUCIDA DRIVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **TD** ☐ Delete
NAME **HUNTER, CHRIS**
STREET ADDRESS **2203 CATBRIAR WAY**
CITY-ST-ZIP **OVIDO FL 32765**

TITLE **D** ☐ Delete
NAME **COUTURE, JACQUE A**
STREET ADDRESS **5318 ANDREA BLVD.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete
NAME **ESCHRICH, DAVID A**
STREET ADDRESS **917 HAYMARKET DR.**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ Delete
NAME **MARTI, WILLIAM A**
STREET ADDRESS **5509 VAN BUREN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **HUNT, G. LAWRENCE**
STREET ADDRESS **6108 TINLEY TERR**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **SD** ☒ Change ☐ Addition
NAME **GLENDINNING, RUSSELL B.**
STREET ADDRESS **4496 GOLDEN LAKE DR**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **D** ☐ Change ☐ Addition
NAME **CRAMER, ROBERT**
STREET ADDRESS **2109 TUSCARORA TR**
CITY-ST-ZIP **MAITLAND FL 32761**

TITLE **D** ☐ Change ☐ Addition
NAME **BUCHANAN, JR., HAROLD C.**
STREET ADDRESS **8620 BILLINGSHURGT PL**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **D** ☐ Change ☐ Addition
NAME **PECK, WARREN B**
STREET ADDRESS **14736 CAPRI RD**
CITY-ST-ZIP **ORLANDO FL 32832**

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 **GLENDINNING, RUSSELL B.** SEC. 4/10/03 (41) 758-2582

CR2E037 (10/02)