

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N08500

FILED
Jan 22, 2003
Secretary of State

Entity Name: FLORIDA EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

325 W. GAINES STREET
501 FLORIDA EDUCATION CENTER
TALLAHASSEE, FL 323990400 US

New Principal Place of Business:

Current Mailing Address:

325 W. GAINES STREET
501D FLORIDA EDUCATION CENTER
TALLAHASSEE, FL 323990400 US

New Mailing Address:

FEI Number: 59-2718509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOBSON, JOYCE A
325 W GAINES ST
SUITE 501D
TALLAHASSEE, FL 323990400 US

Name and Address of New Registered Agent:

MCCAIN, DIANE
325 W GAINES ST
SUITE 501D
TALLAHASSEE, FL 323990400 US

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: DIANE MCCAIN

01/22/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VOSS, DAVID
Address: 1052 8TH ST
City-St-Zip: PALM HARBOR, FL 34683

Title: T () Delete
Name: BROWER, RON
Address: 5395 PEMBRIDGE PL
City-St-Zip: TALLAHASSEE, FL 32308

Title: P () Delete
Name: CALABRO, DOMINIC
Address: 106 N BRONOUGH ST
City-St-Zip: TALLAHASSEE, FL 323022209

Title: D () Delete
Name: HOBSON, JOYCE A
Address: 325 W GAINES ST SUITE 914
City-St-Zip: TALLAHASSEE, FL 32399

Title: C () Delete
Name: HOFFMAN, AL
Address: 24301 WALDEN CTR. DR., ROOM 300
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON BROWER

T

01/22/2003

Electronic Signature of Signing Officer or Director

Date