

2002 **NOT-FOR-PROFIT CORPORATION**
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90185 014 ****61.25

DOCUMENT # N12821
1. Entity Name
FRIENDS OF THE FULBRIGHT COMMISSION IN EGYPT, INC.

648438

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o MR. MITCHELL W. LEGLER		3. Mailing Address c/o MR. MITCHELL W. LEGLER	
Suite, Apt. #, etc. 300A WHARFSIDE WAY		Suite, Apt. #, etc. 300A WHARFSIDE WAY	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2607909	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name	LEGLER, MITCHELL W ATTY.
Street Address (P.O. Box Number is Not Acceptable)	
300A WHARFSIDE WAY	
City	JACKSONVILLE FL
Zip Code	32207

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 _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD BEAN, LEE LAWRENCE 300A WHARFSIDE WAY JACKSONVILLE FL 32207	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RADWAN, ANN B 300A WHARFSIDE WAY JACKSONVILLE FL 32207	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WHITNEY, IAN 300A WHARFSIDE WAY JACKSONVILLE FL 32207	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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. **ANN B. RADWAN, PH. D.**

SIGNATURE:  