

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19648

1. Entity Name

T.R.A.A. EDUCATION FOUNDATION, INC.

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90108 022 ****61.25

Principal Place of Business

Mailing Address

2200 MILL RD
ALEXANDRIA VA 22314-4677
US

2200 MILL RD
ALEXANDRIA VA 22314-4654
US

2. Principal Place of Business

3. Mailing Address

2121 Eisenhower Ave
Suite, Apt. #, etc.

2121 Eisenhower Ave
Suite, Apt. #, etc.

City & State
Alex VA

City & State
Alex VA

Zip

Country

22314

US

Zip

Country

22314

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2872191

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 SO PINE ISLD RD
PLANTATION FL 33324

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 D ☐ Delete
NAME FARRINGTON, DEWEY
STREET ADDRESS 1001 S W 3RD STREET
CITY-ST-ZIP OKLAHOMA CITY OK

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BREWEE, SAM
STREET ADDRESS 820 S. BROAD STREET
CITY-ST-ZIP BROOKSVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME HARRIET, COOLEY S
STREET ADDRESS 2200 MILL ROAD
CITY-ST-ZIP ALEXANDRIA VA 22314

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MAYNARD, HADLEY
STREET ADDRESS 1771 GRANVILLE COURT
CITY-ST-ZIP MEDFORD OR 97504

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME HADLEY, DONNA
STREET ADDRESS 1771 GRANVILLE COURT
CITY-ST-ZIP MEDFORD OR 97504

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(l), 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:

Harriet S Cooley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

703-684-7713

CH 5037 (9/7/1)