

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90097 024 ****61.25

DOCUMENT # N24422

1. Entity Name

FLORIDA EDUCATIONAL RESEARCH COUNCIL, INC.

Principal Place of Business

Mailing Address

**3366 BARRA CIRCLE
P.O. BOX 506
SANIBEL ISLAND FL 33957**

**3366 BARRA CIRCLE
P.O. BOX 506
SANIBEL ISLAND FL 33957-0506**

00000367



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0030390

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**COUNCIL, CHARLIE T.
3366 BARRA CIRCLE
SANIBEL ISLAND FL 33957**

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	DAVIS, WESLEY	PO BOX 1470 N/A PENSACOLA FL				
	DP	HURLBUT, BETTY	426 SCHOOL ST. SEBRING FL				
	DD	COUNCIL, CHARLIE T.	P.O. BOX 506 N/A SANIBEL ISLAND FL				
	D	MCDONALD, SANDRA	40 ORANGE STREET ST AUGUSTINE FL 32084				
	D	KERN, LINDA	1990 25TH STREET VERO BCH FL		D	SMITH, MARGARET	P.O. BOX 1788 KEY WEST, FL 33041
	D	HILDERBRAND, JOHN	P.O. BOX 3408 N/A TAMPA FL				

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 of Charlie T. Council

1/15/2000 741-472-4327

CR2E037 (9/99)