

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-30-2002 90144 021 ****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

16790



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

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

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

Charlie T. Council
Signature, typed or printed name of registered agent and title if applicable.

1/14/02

DATE

(NOTE: Registered Agent signature required when reinstating)

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: DAVID WESLEY
STREET ADDRESS: PO BOX 1470 N/A
CITY-ST-ZIP: PENSACOLA FL

TITLE: MEL LUCAS DIR. Change Addition
NAME: MEL LUCAS DIR.
STREET ADDRESS: 620 E. UNIVERSITY AVE
CITY-ST-ZIP: GAINESVILLE FL 32601

TITLE: DP Delete
NAME: HURLBUT, BETTY, DIR.
STREET ADDRESS: 428 SCHOOL ST.
CITY-ST-ZIP: SEBRING FL

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

TITLE: DD Delete
NAME: COUNCIL, CHARLIE T. EXEC DIR.
STREET ADDRESS: P.O. BOX 506 N/A
CITY-ST-ZIP: SANIBEL ISLAND FL

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

TITLE: D Delete
NAME: MCDONALD, SANDRA
STREET ADDRESS: 40 ORANGE STREET
CITY-ST-ZIP: ST AUGUSTINE FL 32084

TITLE: Change Addition
NAME: ~~KERRY~~ JAY MARSHALL DIR AND
STREET ADDRESS: 509 SOUTH PALM TREASURER
CITY-ST-ZIP: HOWIE IN THE HILLS FL 34332

TITLE: D Delete
NAME: SMITH, MARGARET
STREET ADDRESS: P.O. BOX 1708
CITY-ST-ZIP: KEY WEST FL 33041

TITLE: Change Addition
NAME: BARBARA ANDERSON DIR.
STREET ADDRESS: 500 EAST OCEAN BLVD
CITY-ST-ZIP: STUART, FL 34994

TITLE: D Delete
NAME: HILDERBRAND, JOHN, DIR.
STREET ADDRESS: P.O. BOX 3408 N/A
CITY-ST-ZIP: TAMPA FL 33601

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:

Charlie T. Council
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

DATE

241-472-4397

DAYTIME PHONE #

CR2002 (9/01)