

2002 UNIFORM BUSINESS REPORT (UBR)

1/30

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0030390

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

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

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

TITLE **MEL LUCAS DIR.** ☒ Change ☐ Addition
NAME **MEL LUCAS**
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 **KERRY JAY MARSHALL DIR AND** ☒ Change ☐ Addition
NAME **KERRY JAY MARSHALL**
STREET ADDRESS **509 SOUTH PALM**
CITY-ST-ZIP **HOWIE IN THE HILLS FL 34332**
TREASURER

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

TITLE **BARBARA ANDERSON DIR.** ☒ Change ☐ Addition
NAME **BARBARA ANDERSON**
STREET ADDRESS **500 EAST GLEN 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 24-472-4397

Date

Daytime Phone #

CR20037 (9/01)