

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90073 010 \*\*\*\*61.25

**DOCUMENT # N24422**

1. Entity Name  
**FLORIDA EDUCATIONAL RESEARCH COUNCIL, INC.**



Principal Place of Business  
**3366 BARRA CIRCLE  
P.O. BOX 506  
SANIBEL ISLAND FL 33957**

Mailing Address  
**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS, MEL	
STREET ADDRESS	620 G UNIVERSITY AVE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HURLBUT, BETTY	
STREET ADDRESS	426 SCHOOL ST.	
CITY-ST-ZIP	SEBRING FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	COUNCIL, CHARLIE T.	
STREET ADDRESS	P.O. BOX 506 N/A	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MARSHALL, JAY	
STREET ADDRESS	509 SOUTH PALM	
CITY-ST-ZIP	HOWIE-IN-THE-HILLS FL 34332	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, BARBARA	
STREET ADDRESS	500 E. OCEAN BLVD	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILDERBRAND, JOHN	
STREET ADDRESS	P.O. BOX 3408 N/A	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* 1/8/03 239-473-8211

CR2E037 (10/02)