

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N280008**

1. Entity Name

Central Florida Educational Foundation, Inc.

7000 1530 0004 9803 2547

Principal Place of Business

Mailing Address

C/O 288.3

P.O. Box 607883

1065 Rainer Drive

Orlando, FL 32860-7883

Altamonte Springs, FL 32714-3847

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

APPROVED
AND
FILED

01 AUG 29 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09/13/01--01008--001

*****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3028392

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

B & C Corporate Services of Central FL, Inc.
390 N. Orange Avenue
Suite 1100
Orlando, FL 32801

Name **JAMES S. HOGE**
Street Address (P.O. Box Number is Not Acceptable)
1065 Rainer Drive
City **Altamonte Springs, FL** Zip Code **32714-3847**

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

TITLE	CDP	☐ Delete
NAME	Hoge, James S.	
STREET ADDRESS	443 Timber Ridge Drive	
CITY-ST-ZIP	Loughwood, FL 32779-2644	
TITLE	D	☐ Delete
NAME	Kenyon III, Carter Gaylord	
STREET ADDRESS	6150 Linneal Beach Drive	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE	D	☐ Delete
NAME	Chapman, Dean E.	
STREET ADDRESS	119 Wyndam Court	
CITY-ST-ZIP	Loughwood, FL 32779-4614	
TITLE	ST	☐ Delete
NAME	Taylor, Lorene	
STREET ADDRESS	1087 Taproot Drive	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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)(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:

Lorene Taylor

8-24-01 407-869-8000

CR2E037 (11/00)