

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90261 050 ****61.25

DOCUMENT # N28008

1. Entity Name

CENTRAL FLORIDA EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O 288.3
 1065 RAINER DRIVE
 ALTAMONTE SPRINGS FL 32714-2715
 US

P O BOX 607883
 ORLANDO FL 32860-7883
 US

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

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

HOGE
HOPE, JAMES S
1065 RAINER DRIVE
ALTAMONTE SPRINGS FL 32714-3847

Name **HOGE, JAMES S.**

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

<SAME>

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.

NAME MISPELLED
JAMES S. HOGE

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE **1/8/2002**

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 **CDP** ☐ Delete
 NAME **HOGE, JAMES S.**
 STREET ADDRESS **443 TIMBER RIDGE DRIVE**
 CITY-ST-ZIP **LONGWOOD FL 32779-2644**

TITLE **CDPT** ☒ Change ☐ Addition
 NAME **<SAME>**
 STREET ADDRESS **<SAME>**
 CITY-ST-ZIP **<SAME>**

TITLE **D** ☐ Delete
 NAME **CARTER, GAYLORD K III**
 STREET ADDRESS **6150 LINNEAL BEACH DRIVE**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Change ☐ Addition
 NAME **<SAME>**
 STREET ADDRESS **<SAME>**
 CITY-ST-ZIP **<SAME>**

TITLE **D** ☐ Delete
 NAME **CHAPMAN, DEAN E**
 STREET ADDRESS **119 WYNDAM COURT**
 CITY-ST-ZIP **LONGWOOD FL 32779-4614**

TITLE **D.S.** ☒ Change ☐ Addition
 NAME **<SAME>**
 STREET ADDRESS **<SAME>**
 CITY-ST-ZIP **<SAME>**

TITLE **ST** ☒ Delete
 NAME **TAYLOR, LORENE**
 STREET ADDRESS **P.O. BOX 196326**
 CITY-ST-ZIP **WINTER SPRINGS FL 32719-6326**

TITLE ☐ Change ☐ Addition
 NAME **<SAME>**
 STREET ADDRESS **<SAME>**
 CITY-ST-ZIP **<SAME>**

TITLE ☐ Delete
 NAME **<SAME>**
 STREET ADDRESS **<SAME>**
 CITY-ST-ZIP **<SAME>**

TITLE ☐ Change ☐ Addition
 NAME **<SAME>**
 STREET ADDRESS **<SAME>**
 CITY-ST-ZIP **<SAME>**

TITLE ☐ Delete
 NAME **<SAME>**
 STREET ADDRESS **<SAME>**
 CITY-ST-ZIP **<SAME>**

TITLE ☐ Change ☐ Addition
 NAME **<SAME>**
 STREET ADDRESS **<SAME>**
 CITY-ST-ZIP **<SAME>**

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

Date

Daytime Phone #

CR2E037 (9/01)