

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90023 028 ****61.25

DOCUMENT # N45132

1. Entity Name

THE FLORIDA EDUCATION AND RESEARCH FOUNDATION, I

Principal Place of Business

Mailing Address

**250 COMMUNITY COLLEGE PKWY.
 PALM BAY FL 32909
 US**

**1519 CLEARLAKE RD.
 COCOA FL 32922**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3104339

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

**MATHENY, JOE
 355 INDIAN RIVER AVE
 TITUSVILLE FL 32780**

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 | DC | <input type="checkbox"/> Delete |
| NAME | STUHMILLER, ROBERT | |
| STREET ADDRESS | 1800 PENN ST., STE. 3 | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MARTINEZ, MIRIAM E | |
| STREET ADDRESS | 1025 W. NASA BLVD., MS 300 | |
| CITY-ST-ZIP | MELBOURNE FL 32919 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROOM, MEL | |
| STREET ADDRESS | 760 MONCLAIR RD., NE | |
| CITY-ST-ZIP | PALM BAY FL 32905 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SIMON, HANK | |
| STREET ADDRESS | 1153 MALABAR RD., SE | |
| CITY-ST-ZIP | PALM BAY FL 32907 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, MIKE | |
| STREET ADDRESS | 2287 W. EAU GALLIE BLVD., STE. A | |
| CITY-ST-ZIP | MELBOURNE FL 32935 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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:  **Robert Stuhmiller**
 Chairperson

2/23/00 (321) 632-1111
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)