FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50278 (3)

1. Corporation Name

Businesses for Education Political Committee, Inc.

Principal Place of Business	Mailing Address
75 E. Ivanhoe Blvd. Orlando, FL 32804	75 E. Ivanhoe Blvd. Orlando, FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1992
3a. Date of Last Report: 05/01/94
4. FEI Number: 59-3160497 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 75 South Ivanhoe Blvd.	26 75 South Ivanhoe Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

Stuart, Jacob V.
75 S. Ivanhoe Blvd.
Orlando, FL 32804

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
500001526355
83 -06/29/95--01009--001
****130.00
84 City FL 85 ~~25000~~

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	Leonhardt, Frederick W.	1.2 NAME		
STREET ADDRESS	201 East Pine, Suite 1200	1.3 STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	T	☒ Change ☐ Addition
NAME	Bogan, R. Van	2.2 NAME	Walter R. Nason	
STREET ADDRESS	2466 Via Sienna	2.3 STREET ADDRESS	75 South Ivanhoe Boulevard	
CITY-ST-ZIP	Winter Park, FL	2.4 CITY-ST-ZIP	Orlando, FL 32804	
TITLE	C	3.1 TITLE	D	☒ Change ☐ Addition
NAME	Alvarez, Joe A., Jr.	3.2 NAME		
STREET ADDRESS	895 South East Lake Street	3.3 STREET ADDRESS		
CITY-ST-ZIP	Longwood, FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	C	☒ Change ☐ Addition
NAME	Gabrielson, W. Scott	4.2 NAME	Juliet E. Sears	
STREET ADDRESS	109 East Church St, 5th Fl	4.3 STREET ADDRESS	20 North Orange Ave., Suite 404	
CITY-ST-ZIP	Orlando, FL	4.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	S/D	5.1 TITLE		☒ Change ☐ Addition
NAME	Stuart, Jacob V.	5.2 NAME		
STREET ADDRESS	75 E. Ivanhoe Blvd.	5.3 STREET ADDRESS	75 S. Ivanhoe Blvd	
CITY-ST-ZIP	Orlando, FL	5.4 CITY-ST-ZIP		
TITLE	T/D	6.1 TITLE	D	☐ Change ☐ Addition
NAME	Carpenter, Eddie	6.2 NAME		
STREET ADDRESS	1375 Buena Vista Dr.	6.3 STREET ADDRESS		
CITY-ST-ZIP	Lake Buena Vista, FL	6.4 CITY-ST-ZIP		

RECEIVED BY MAY 1
5/1/95 MS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jacob V. Stuart 5-1-95 (407)425-1234,X217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary — Date — Daytime Phone #