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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N50278 (3)
1. Corporation Name
BUSINESSES FOR EDUCATION POLITICAL COMMITTEE, IN
C.



Principal Place of Business Mailing Address
75 SOUTH IVANHOE BLVD. 75 SOUTH IVANHOE BLVD.
ORLANDO FL 32804 ORLANDO FL 32804-6440

3. Date Incorporated or Qualified 08/07/1992 3a. Date of Last Report 05/01/1996
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
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
STUART, JACOB V. 81 Name
75 S. IVANHOE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32804 83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PEREZ, TICO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, TICO	1.2 NAME	
STREET ADDRESS	% 75 S. IVANHOE BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	T NASON, WALTER R. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASON, WALTER R.	2.2 NAME	
STREET ADDRESS	75 SOUTH IVANHOE BOULEVARD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32804	2.4 CITY - ST - ZIP	
TITLE	D PREVOST, JACK <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PREVOST, JACK	3.2 NAME	D Medlin, Kenneth
STREET ADDRESS	% 75 S. IVANHOE BLVD.	3.3 STREET ADDRESS	75 S. Ivanhoe Blvd
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	Orlando, FL 32804
TITLE	C LINCOLN, DALE <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINCOLN, DALE	4.2 NAME	Lindon, Dale
STREET ADDRESS	75 S. IVANHOE BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	
TITLE	SD STUART, JACOB V. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, JACOB V.	5.2 NAME	
STREET ADDRESS	75 S. IVANHOE BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	
TITLE	D CROSS, JIM <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, JIM	6.2 NAME	
STREET ADDRESS	% 75 S. IVANHOE BLVD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	6.4 CITY - ST - ZIP	

14. I do 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Walter R. Nason Date Daytime Phone # 0016484

CR2E037 (9/96)