

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000960

1. Entity Name

COOPERATIVE EDUCATION CLUBS OF FLORIDA, INC.



FILED

Sep 15, 2000 8:00 am
Secretary of State

02-29-2000 90166 045 ****61.25

09-15-2000 90020 003 ****61.25

Principal Place of Business

144 WOODLAKE CIR
GREEN ACRES FL 33463-3084

Mailing Address

144 WOODLAKE CIR
GREEN ACRES FL 33463-3084

2. Principal Place of Business

5455 NW 169 Ter

Suite, Apt. #, etc.

3. Mailing Address

5455 NW 169 Ter.

Suite, Apt. #, etc.

City & State

Carol City, FL 33055

City & State

Carol City, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33055

Country

USA

Zip

33055

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGRESTI, JR, SAM
144 WOODLAKE CIR
GREEN ACRES FL 33463-3084

7. Name and Address of New Registered Agent

Name Anthony Williams

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

5455 NW 169 Ter

City Carol City

FL

Zip Code 33055

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

After September 13, 2000 min. will be \$236.25

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 PD
NAME AGRESTI, JR, SAM
STREET ADDRESS 144 WOODLAKE CIR
CITY-ST-ZIP GREEN ACRES FL 33463-3084 ☒ Delete

TITLE VD
NAME PEARSON, PEGGY
STREET ADDRESS 1700 W BLOOMINGDALE
CITY-ST-ZIP VALRICO FL 33594 ☒ Delete

TITLE TD
NAME WILLIAMS, JULI
STREET ADDRESS 31021 WESTCHESTER AVE
CITY-ST-ZIP MT PLYMOUTH FL 32776 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President
NAME Gene Seales
STREET ADDRESS PO Box 68
CITY-ST-ZIP Gozalez, FL 32560-0068 ☒ Change ☐ Addition

TITLE Vice President
NAME Jerry Blair
STREET ADDRESS 11646 Town Center Rd.
CITY-ST-ZIP New Port Richey, FL 34654-6201 ☒ Change ☐ Addition

TITLE Secretary
NAME Antoinette Nelson
STREET ADDRESS 4412 Barnes Rd.
CITY-ST-ZIP Jacksonville, FL 32207-7499 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

9/10/00 (305) 742-3234

Date

Daytime Phone #

CR2E037 (5/00)