

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000960

1. Entity Name

COOPERATIVE EDUCATION CLUBS OF FLORIDA, INC.

FILED
06-07-2001 09:00:04T ***61.25
SECRETARY OF N92000000960
TALLAHASSEE, FLORIDA

01 JUL 11 AM 9:35

661260



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
9455 NW DESERT TERRACE OPA 2000A FL 32065 6658 County Road 625 Bushnell, FL 33513		3435 NW 75th TERRACE OPA 2000A FL 32065 6658 County Road 625 Bushnell, FL 33513	
2. Principal Place of Business		3. Mailing Address	
6658 County Road 625		6658 County Road 625	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

City & State		City & State	
Bushnell, FL		Bushnell, FL	
Zip	Country	Zip	Country
33513	USA	33513	USA

4. FEI Number	Applied For
NOT APPLICABLE	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	
AGRESTI, JR, SAM 144 WOODLAKE CIR GREEN ACRES FL 32463-3094		Name Patrick T. Grady Street Address (P.O. Box Number is Not Acceptable) 6658 County Road 625 City Bushnell FL Zip Code 33513	

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	7-10-01
	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	PD AGRESTI, JR, SAM 144 WOODLAKE CIR GREEN ACRES FL 32463-3094	TITLE	ED Patrick T. Grady 6658 County Road 625 Bushnell, FL 33513
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD PEARSON, PEGGY 1700 W. BLOOMINGDALE VALRICO FL 32584	TITLE	PD Gene Seales 10016 Autumn Lane Pensacola, FL 32514
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	XTD WILKINS, JIM 31021 WESTCHESTER AVE MT PLYMOUTH FL 32778	TITLE	TD Lauren Mastics 10109 Hunt Club Lane Palm Beach Gardens, FL 33418
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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:
Patrick T. Grady

7/1/01

352-568-1074

DIRECTOR

Daytime Phone #

CR2E037 (10/00)