

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90141 021 ****61.25

DOCUMENT # N92000000960

1. Entity Name

COOPERATIVE EDUCATION CLUBS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**6658 COUNTY ROAD 625
 BUSHNELL FL 33513**

**~~6658 COUNTY ROAD 625~~ P.O. Box 1806
 BUSHNELL FL 33513**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

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

GRADY, PATRICK T

**~~6658 COUNTY ROAD 625~~ P.O. Box 1806
 BUSHNELL FL 33513**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-12-02

DATE

**After September 13, 2002,
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ED**
 NAME **GRADY, PATRICK T**
 STREET ADDRESS **6658 COUNTY ROAD 625**
 CITY-ST-ZIP **BUSHNELL FL 33513**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **PD**
 NAME **GEALEO, GENE**
 STREET ADDRESS **10010 AUTUMN LANE**
 CITY-ST-ZIP **PENSACOLA FL 32514**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **TD**
 NAME **MASTICS, LAUREN**
 STREET ADDRESS **10109 HUNT CLUB LANE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **PD**
 NAME **WAYNE DONN**
 STREET ADDRESS **1 BLOODHOUND TRAIL**
 CITY-ST-ZIP **AUBURNDALE, FL 33823**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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 REQUIRED
PATRICK T. GRADY

7-12-02

352.793.8234

CR2E037 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

0011680

DOCUMENT # N92000000960

1675179

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Patrick T. Grady

7-12-02

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED GRADY, PATRICK T 6658 COUNTY ROAD 625 BUSHNELL FL 33513	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GEALE, GENE 13010 AUTUMN LANE PENSACOLA FL 32514	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MASTICS, LAUREN 10109 HUNT CLUB LANE PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WAYNE DORN 1 BLOODEHUNT TRAIL AUBURNDALE, FL 33823	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E037 (4/02)