2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9200000960

COOPERATIVE EDUCATION CLUBS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
6658 COUNTY ROAD 625 BUSHNELL FL 33513	BUSHNELL FL 33513
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

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

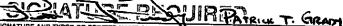
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City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRADY, PATRICK T Street Address (P.O. Box Number is Not Acceptable) 0050 COUNTY DOAD-ORS P.O. Box 1806 6658 COUNTY ROAD 625 **BUSHNELL FL 33513** Zip Code 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 SIGNATURE After September 13, 2002, 9. Election Campaign Financing **\$5.00** May Be Make Check Pavable to min. will be \$236.25. Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ED ☐ Delete TITLE ☐ Addition NAME GRADY, PATRICK T NAME STREET ADDRESS 6658 COUNTY ROAD 625 STREET ADDRESS City-St-zie Bushnell FL 33513 CITY-ST-ZIP TITLE PD. Delete TITLE ☐ Change ☐ Addition NAME **CEALED: CENE** NAME STREET ADDRESS 10010-AUTUMN LANE STREET ADDRESS CITY-ST-ZIP PENCACOLA FL 02514 CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME MASTICS, LAUREN NAME STREET ADDRESS 10109 HUNT CLUB LANE STREET ADDRESS CITY-ST-2IP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME WAYNE DONN NAME STREET ADDRESS I BLOODHOUND TRAFL STREET ADDRESS CITY-ST-ZIP AUBURNPALE FL 33823 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE



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Halhment 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9200000960 COOPERATIVE EDUCATION CLUBS OF FLORIDA, INC. Principal Place of Business Mailing Address COLOR BOOK 1806 6658 COUNTY ROAD 625 BUSHNELL FL 33513 BUSHNELL FL 3:1513 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRADY, PATRICK T Street Address (P.O. Box Number is Not Acceptable) COSTO COUNTY BOAD-COS P.O. E-0×1800 6658 COUNTY ROAD 625 **BUSHNELL FL 33513** City Zip Code 335/3 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 Make Check Payable to Af er September 13, 200. 9. Election Campaign Financing \$5.00 May.Be Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE I ☐ Change Addition NAME GRADY, PATRICK T NAME STREET ADDRESS 6658 COUNTY ROAD 625 STREET ADDRESS CITY - ST- ZIP **BUSHNELL FL 33513** CITY-ST-7/P Delete TITLE ☐ Change Add(tion GEALEO; GENE NAME STREET ADDRESS 13010 NUTUMN LANE STREET ADDRESS CITY-ST-ZIP PENDAGOLA FL 32514 C!TY~ST-7iP TD Delete TIME Change ☐ Addition MASTICS, LAUREN NAME STREET ADDRESS 10109 HUNT CLUB LANE STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP PD ☐ Delete Change Addition JAME WAYNE DONN NAME TREET AUDRESS BLOGEHOUND TRAFL STREET ADDRESS ITY-ST-ZIP Auburndale FL 33823 CITY-ST-ZIP ☐ Defete TITLE Change Addition NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP Delete Change Addition AMF TREET ADDRESS STREET AUDRESS

2. 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.