

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90247 043 \*\*\*\*70.00

**DOCUMENT # N93000001166**

1. Entity Name

**THE CONGRESSIONAL CLASSROOM OF FLORIDA'S THIRTEEN**

Principal Place of Business

1111 3RD AVE WEST  
 SUITE 200  
 BRADENTON FL 34205  
 US

Mailing Address

1111 3RD AVE WEST  
 SUITE 200  
 BRADENTON FL 34205  
 US

2. Principal Place of Business

1001 3RD AVE WEST  
 SUITE 350

3. Mailing Address

P.O. BOX 10128

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON, FL

Zip

34205

Country

US

Zip

34282-0128

Country

US

4. FEI Number

65-0394031

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

COOPER, DEBRA  
 1111 3RD AVENUE WEST  
 SUITE 200  
 BRADENTON FL 34205

Name

DEBRA COOPER

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

1001 THIRD AVE WEST  
 SUITE 350

City

BRADENTON

FL

Zip Code

34205

7. Name and Address of New Registered Agent

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

Debra Cooper

SECRETARY-TREASURER

01/31/2001

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**

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 NAME STREET ADDRESS CITY-ST-ZIP	DC BUSKIRK, EMILY 1001 3RD AVE W, STE 350 BRADENTON FL 34205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, DAN 1001 3RD AVE W, STE 350 BRADENTON FL 34205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HALLER, R. GREGORY 1001 3RD AVE W, STE 350 BRADENTON FL 34205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS COOPER, DEBRA 1001 3RD AVE W, STE 350 BRADENTON FL 34205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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:

Debra Cooper  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-2001

Date

941.753.8008

Daytime Phone #

CR2E037 (10/00)