

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002273

1. Entity Name

FLORIDA REAL ESTATE EDUCATORS ASSOCIATION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90025 037 ****61.25

Principal Place of Business

Mailing Address

5531 9 STREET NORTH
ST. PETERSBURG FL 33703

5531 9 STREET NORTH
ST. PETERSBURG FL 33703-1203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3275858

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOGUE, ROBERT L
5531 9 STREET NORTH
ST. PETERSBURG FL 33703

Name

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

City

FL

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.

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**

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 P ☐ Delete
NAME GRIFFON, ANTHONY
STREET ADDRESS 7274 ORKNEY AVE N
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☒ Change ☐ Addition
NAME *ANTHONY BONHAM*
STREET ADDRESS *3124 ARGYLE RD*
CITY-ST-ZIP *VENICE, FL 33293*

TITLE D ☒ Delete
NAME KIMBELL, DONALD
STREET ADDRESS 370 WHOOPING LOOP, #1172
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☒ Change ☐ Addition
NAME *LINDA CATWORTH*
STREET ADDRESS *3732 NW 55TH PL*
CITY-ST-ZIP *LAKE WORTH, FL 33653*

TITLE T ☐ Delete
NAME DUNLAP, ANN
STREET ADDRESS 2280 HELEN CIRCLE EAST
CITY-ST-ZIP BARTOW FL

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

TITLE D ☐ Delete
NAME KASER, LESTER
STREET ADDRESS 5218 33RD AVE N
CITY-ST-ZIP ST PETE FL

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

TITLE D ☐ Delete
NAME JONES, SCOTT
STREET ADDRESS 2016 LAKE DR
CITY-ST-ZIP WINTER PARK FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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

Date

Daytime Phone #

CR2E037 (9/99)