

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90022 037 *****61.25

DOCUMENT # N93000002273

1. Entity Name

FLORIDA REAL ESTATE EDUCATORS ASSOCIATION, INC.

Principal Place of Business

5531 9 STREET NORTH
 ST. PETERSBURG FL 33703

Mailing Address

5531 9 STREET NORTH
 ST. PETERSBURG FL 33703

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

59-3275858

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

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	<input checked="" type="checkbox"/> Delete
NAME	BONAMEN, CHARLES	
STREET ADDRESS	3124 ANGLYE RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, LINDA	
STREET ADDRESS	3732 NW 55TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUNLAP, ANN	
STREET ADDRESS	2280 HELEN CIRCLE EAST	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KASER, LESTER	
STREET ADDRESS	5218 33RD AVE N	
CITY-ST-ZIP	ST PETE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, SCOTT	
STREET ADDRESS	2016 LAKE DR	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBERTA MCCARTHY	
STREET ADDRESS	430 PLAZA REAL STE 270	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA CRAWFORD	
STREET ADDRESS	7613 NW 53 WAY	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDY PENZALL	
STREET ADDRESS	1043 RAINING LN	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 (10/00)