

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000000241**

1. Entity Name

FORTUNE EDUCATION FOUNDATION, NC.**FILED**
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90148 040 ****61.25

Principal Place of Business

Mailing Address

1445 W. BUSCH BLVD
TAMPA FL ~~33608-2286~~
USPO BOX 272286
TAMPA FL ~~33608-2286~~
US **33608-2286**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3223743

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

PACKWOOD, J.D. JR.
4325 W. AEGEAN
TAMPA FL 33611

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 \$61.259. 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 **PD** ☐ Delete
NAME **WARE, LEE**
STREET ADDRESS **14118 VILLAGE TERRACE DR**
CITY-ST-ZIP **TAMPA FL 33624**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **TOURE, SADIBOU**
STREET ADDRESS **1731 W. KENNEDY BLVD**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **PACKWOOD, J.D.**
STREET ADDRESS **4325 AEGEAN**
CITY-ST-ZIP **TAMPA FL 33611**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **FORDE, ROBERT**
STREET ADDRESS **6411 N 40 ST**
CITY-ST-ZIP **TAMPA FL 33610**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MOLDEN, RICHARD**
STREET ADDRESS **10505 N. FLORIDA AVE**
CITY-ST-ZIP **TAMPA FL 33612**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SCOTT, FLORON**
STREET ADDRESS **3613 CYPRESS MEADOW RD**
CITY-ST-ZIP **TAMPA FL 33624**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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #