

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90253 007 \*\*\*\*61.25

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**DOCUMENT # N94000000241**

1. Entity Name

**FORTUNE EDUCATION FOUNDATION, NC.**

Principal Place of Business

Mailing Address

**1445 W. BUSCH BLVD  
TAMPA FL 33612  
US****PO BOX 272286  
TAMPA FL 33688-2286  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3223743**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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 \$61.25**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	PD	<input type="checkbox"/> Delete
NAME	WARE, LEE	
STREET ADDRESS	14118 VILLAGE TERRACE DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TOURE, SADIBOU	
STREET ADDRESS	1731 W. KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PITTMAN, BARBARA ESQ.	
STREET ADDRESS	5466 FRIARSWAY	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORDE, ROBERT	
STREET ADDRESS	6411 N 40 ST	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOURE, SADIBOU	
STREET ADDRESS	8807 RUSTIC TRAIL CRT	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILDS, JETIE B	
STREET ADDRESS	10405 GRENNHEDGES	
CITY-ST-ZIP	TAMPA FL 33626	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE WARE	
STREET ADDRESS	P.O. BOX 270435	
CITY-ST-ZIP	TAMPA, FL 33688	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pittman, Barbara, Esq.	
STREET ADDRESS	10014 N. Dale Mabry Hwy Ste 101	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 (9/01)