

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N94000004293

1. Entity Name

QUEST EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

2706 S. HORSESHOE DR.
NAPLES FL 33942
US

2706 S. HORSESHOE DR.
NAPLES FL 34104-6142
US

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

65-0516362

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

JOHNSON, F EDWARD
C/O CHEFFY PASSIDOMO WILSON & JOHNSON
821 FIFTH AVENUE SOUTH #201
NAPLES FL 34102

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMSON, PATRICK
P O BOX N 3813
NASSAU BA 33963 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAUS, COLLEEN
330 PINEHURST CIRCLE
NAPLES FL 34113 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Baus Colleen
330 Pinehurst Cir
Naples, FL 34113 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCLIMANS, PATRICIA
6180 CYPRESS HOLLOW WAY
NAPLES FL 33942 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pamela McKerry
2950 Kings Lake Blvd
Naples, FL 34112 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: ~~X SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00

Date

Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

03-31-2000 90054 022 ****61.25



DO NOT WRITE IN THIS SPACE

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