

2001 UNIFORM BUSINESS REPORT (UBR)

5/14

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-14-2001 90237 050 ****70.00

DOCUMENT # N94000004293

1. Entity Name

QUEST EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

2708 S. HORSESHOE DR.
 NAPLES FL 33942
 US

2708 S. HORSESHOE DR.
 NAPLES FL 33942
 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BAUS, COLLEEN	
STREET ADDRESS	330 PINEHURST	
CITY - ST - ZIP	NAPLES FL 34113	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCLIMANS, PATRICIA	
STREET ADDRESS	6180 CYPRESS HOLLOW WAY	
CITY - ST - ZIP	NAPLES FL 33942	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKERRY, PAMELA	
STREET ADDRESS	2950 KINGS LAKE BLVD	
CITY - ST - ZIP	NAPLES FL 34112	
TITLE	Chairman	<input type="checkbox"/> Delete
NAME	Patrick Thomson	
STREET ADDRESS	P.O. Box N-3813	
CITY - ST - ZIP	Nassau, Bahamas	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
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: *Pamela N. McKerry* *Pamela N. McKerry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

Date

(941) 643-3513

Daytime Phone #

CR2E037 (10/00)