

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90393 001 \*\*\*245.00

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1. Entity Name

ENTERPRISE FLORIDA JOBS AND EDUCATION PARTNERSHI

9856



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

325 JOHN KNOX ROAD  
BUILDING #200  
TALLAHASSEE FL 32303  
US

325 JOHN KNOX ROAD  
BUILDING #200  
TALLAHASSEE FL 32303-4113  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3270417

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

PAGE, THOMAS P  
390 NORTH ORANGE AVENUE  
SUITE 1300  
ORLANDO FL 32801

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	P AUSTIN, CURTIS C 325 JOHN KNOX ROAD, BLDG. #200 TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPPARD, RENEE 2000 WEBBER STREET SARASOTA FL 34239	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ISENBURG, RAYMOND 3209 VIRGINIA AVENUE FT. PIERCE FL 34981	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C APTHORP, JIM MR 10008 N DALE AMBRY HWY., STE. D117 TAMPA FL 33618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKPATRICK, SEN. GEORGE 1103 N.W. 13TH ST. GAINESVILLE FL 32601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALOY, DR. WILLIAM L 215 W. GARDEN ST. PENSACOLA FL 32501	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Judy Byrne Ritey 127 John Sims Parkway, Box 8 Valparaiso, FL 32580 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Jim Apthorp 202 W. Jefferson St. Tallahassee, FL 32302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Nate Wilson 51 Cat Road Ponte Vedra Beach, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dr. William Maloy 11000 University Parkway, Bldg. 77, Rm. 151 Pensacola, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Curtis C. Austin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 921-1119

CR2E037 (9/99)