

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000921

1. Entity Name

BRIGHT IDEAS EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

401 SHIRLEY DRIVE
PAHOKEE FL 33476
US

Mailing Address

P O BOX 458
PAHOKEE FL 33476-0458
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

65-0557984

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

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

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 P ☐ Delete
NAME YOUNG, VERONICA
STREET ADDRESS 3031 SEVILLE ST
CITY-ST-ZIP PAHOKEE FL

TITLE Vice President ☐ Change ☒ Addition
NAME Michael H. Joseph, Jr.
STREET ADDRESS 3030 Seville Street
CITY-ST-ZIP Pahokee, FL 33476

TITLE D ☐ Delete
NAME CUNNINGHAM, ROSEMARY
STREET ADDRESS 300 MAIN STREET
CITY-ST-ZIP PAHOKEE FL

TITLE Linda M. Joseph - Director ☐ Change ☒ Addition
NAME P.O. Box 458
STREET ADDRESS Pahokee, FL 33476

TITLE ST ☐ Delete
NAME MARTIN, HELEN
STREET ADDRESS 930 PALM BLVD
CITY-ST-ZIP PAHOKEE FL

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

TITLE D ☐ Delete
NAME WALKER, DIANE
STREET ADDRESS 868 EISENHOWER DR.
CITY-ST-ZIP PAHOKEE FL

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

TITLE D ☐ Delete
NAME BROWN, CAROLYN
STREET ADDRESS 429 N. COCONUT ROAD
CITY-ST-ZIP PAHOKEE FL

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

TITLE D ☐ Delete
NAME HARVEY, KAREN
STREET ADDRESS 284 CYPRESS AVE.
CITY-ST-ZIP PAHOKEE FL

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

Linda M. Joseph
SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90132 036 ****70.00

602665



DO NOT WRITE IN THIS SPACE

CR2F037 (9/99)