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Jun 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003839 (6)

1. Corporation Name

THE FLORIDA BUSINESS/HIGHER EDUCATION PARTNERSHI
P, INC.



Principal Place of Business

Mailing Address

6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 845
TAMPA FL 33607

6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 845
TAMPA FL 33607

3. Date Incorporated or Qualified
08/18/1995

3a. Date of Last Report
06/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDMONDS, RICHARD R
6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 845
TAMPA FL 33607

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME COBB, CHARLES E JR.
STREET ADDRESS 233 PONCE DE LEON BLVD., PH 1111
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MUNIS, RICHARD A
STREET ADDRESS POST OFFICE BOX 10000
CITY-ST-ZIP LAKE BUENA VISTA FL 32830-1000

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1375 Buena Vista Drive, Suite 460
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CARPENTER, ALVIN R
STREET ADDRESS 500 WATER STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME FUENTE, DAVID I
STREET ADDRESS 2200 OLD GERMAN TOWN ROAD
CITY-ST-ZIP DELRAY BEACH FL 33445

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME 000002213250
4.3 STREET ADDRESS -06/16/97--01116--023
4.4 CITY-ST-ZIP ***61.25

TITLE D ☐ DELETE
NAME TURLEY, STEWART
STREET ADDRESS P.O. BOX 4889
CITY-ST-ZIP CLEARWATER FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 1465 S. Fort Harrison Ave., Suite 201
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME STAVROS, GUS A
STREET ADDRESS 111 SECOND AVENUE, N.E., SUITE 510
CITY-ST-ZIP ST. PETERSBURG FL 33701-3441

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

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