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FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003839 (6)**

1. Corporation Name

**THE FLORIDA BUSINESS/HIGHER EDUCATION PARTNERSHI
P, INC.**

Principal Place of Business 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 845 TAMPA FL 33607	Mailing Address 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 845 TAMPA FL 33607
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3. Date Incorporated or Qualified

08/18/1995

4. FEI Number

59-3330496

Applied For

Not Applicable

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE **D** ☐ DELETE
NAME **MUNIS, RICHARD A**
STREET ADDRESS **1375 BUENA VISTA DRIVE, SUITE 460**
CITY-ST-ZIP **LAKE BUENA VISTA FL 32830-1000**

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

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

TITLE **D** ☐ DELETE
NAME **TURLEY, STEWART**
STREET ADDRESS **1465 FORT HARRISON AVE., SUITE 201**
CITY-ST-ZIP **CLEARWATER FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

14. 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 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.

SIGNATURE:

Richard R. Edmonds

CR2E037 (10/97)