

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90043 011 ****61.25

DOCUMENT # N95000003839

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/18/1995

4. FEI Number

59-3330496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 NUNIS, 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
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 **D JACK B. CRITCHFIELD**
4.3 STREET ADDRESS **1929 BEAU VOYAGE DRIVE**
4.4 CITY-ST-ZIP **CLEARWATER, FLA. 34624**

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, with all other like empowered.

SIGNATURE:

Richard R. Edmonds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)