

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003839

1. Entity Name

THE FLORIDA BUSINESS/HIGHER EDUCATION PARTNERSHI

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90071 016 ****61.25

Principal Place of Business 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 845 TAMPA FL 33607	Mailing Address 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 845 TAMPA FL 33607-1486
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. <i>Suite 560</i> City & State		3. Mailing Address Suite, Apt. #, etc. <i>Suite 560</i> City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3330496	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite 560
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 *Richard R. Edmonds* DATE *March 2, 2000*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, CHARLES E JR. 233 PONCE DE LEON BLVD., PH 1111 CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNIS, RICHARD A 1375 BUENA VISTA DRIVE, SUITE 460 LAKE BUENA VISTA FL 32830-1000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER, ALVIN R 500 WATER STREET JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRITCHFIELD, JACK B 1929 BEAU BOYAGE DR CLEARWATER FL 34624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURLEY, STEWART 1465 FORT HARRISON AVE., SUITE 201 CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAVROS, GUS A 111 SECOND AVENUE, N.E., SUITE 510 ST. PETERSBURG FL 33701-3441	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D Nunis, Richard A. P.O. Box 547309 Orlando, FL 32854	<input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D Stavros, Gus A. One Beach Dr SE, Suite 305 ST Petersburg FL 33701	<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: *Richard R. Edmonds* DATE: *March 2, 2000* DAYTIME PHONE #: *813-289-9200*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)