

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**  
 03-01-2000 90007 009 \*\*\*\*61.25

**DOCUMENT # N95000005277**  
 1. Entity Name  
**FOUNDATION FOR COMPUTER EDUCATION, INC.**

Principal Place of Business <b>14120 OLD DIXIE HIGHWAY HUDSON FL 34667 US</b>	Mailing Address <b>14120 OLD DIXIE HIGHWAY HUDSON FL 34667-1362 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-3347453** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MITCHELL, THOMAS W JR.  
 533 MAIN STREET  
 NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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

TITLE PD	<input type="checkbox"/> Delete	NAME <b>FISCHER, FRANK J</b>
STREET ADDRESS <b>9400 LAKE CHRISTINA LANE</b>		CITY-ST-ZIP <b>PORT RICHEY FL 34668</b>
TITLE VD	<input type="checkbox"/> Delete	NAME <b>BARRETT, SCOTT</b>
STREET ADDRESS <b>1064 FLORIAN WAY</b>		CITY-ST-ZIP <b>SPRING HILL FL 34609</b>
TITLE TD	<input type="checkbox"/> Delete	NAME <b>METTOCA, FRANK</b>
STREET ADDRESS <b>6424 JUNIPER ROAD</b>		CITY-ST-ZIP <b>PORT RICHEY FL 34668</b>
TITLE SD	<input checked="" type="checkbox"/> Delete	NAME <b>NICHOLS, RICHARD</b>
STREET ADDRESS <b>8119 ROXBORO DRIVE</b>		CITY-ST-ZIP <b>HUDSON FL 34667</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME <b>FISCHER, FRANK S.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <b>MOTTOLA, FRANK</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<input 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: *FRANK S. FISCHER* **FRANK S. FISCHER** **2/23/00** **727-869-8471**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)