

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005277

1. Entity Name

FOUNDATION FOR COMPUTER EDUCATION, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90007 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

14120 OLD DIXIE HIGHWAY  
HUDSON FL 34667  
US

14120 OLD DIXIE HIGHWAY  
HUDSON FL 34667-1362  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3347453

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, THOMAS W JR.  
533 MAIN STREET  
NEW PORT RICHEY FL 34652

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, FRANK S.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTTOLA, FRANK	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 J FISCHER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/00 727-869-8471

CR2E037 (9/99)