

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005797

1. Entity Name

FLORIDA EDUCATION LENDERS ASSOCIATION, INC.

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

09-07-2000 90039 050 ****61.25

Principal Place of Business

1451 SW 25 AVE
 DEERFIELD BCH FL 33442
 US

Mailing Address

1451 SW 25 AVE
 DEERFIELD BCH FL 33442
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0651347

Applied For

Not Applicable

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

BERLIT CORPORATE SERVICES, INC.
 848 BRICKELL AVENUE
 SUITE 200
 MIAMI FL 33131

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
After September 13, 2000 min. will be \$236.25

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 SD
 NAME DARLING, SUSAN ☐ Delete
 STREET ADDRESS 14900 E ORANGE LAKE BLVD, STE 108
 CITY-ST-ZIP KISSIMMEE FL 34747

TITLE SD ☒ Change ☐ Addition
 NAME TAYLOR, Petrona
 STREET ADDRESS 1320 S. Dixie Hwy, Suite 285
 CITY-ST-ZIP Miami, FL 33146

TITLE PD ☐ Delete
 NAME SMITH, ERNEST
 STREET ADDRESS 848 BRICKELL AVE STE 1140
 CITY-ST-ZIP MIAMI FL 33131

TITLE PD ☒ Change ☐ Addition
 NAME RIVAS, Juan
 STREET ADDRESS 10420 SW 77 Avenue
 CITY-ST-ZIP Miami, FL 33156

TITLE TD ☐ Delete
 NAME SNOW, JOHN
 STREET ADDRESS 1451 SW 25 AVE
 CITY-ST-ZIP DEERFIELD BCH FL 33442

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: JOHN B. SNOW
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/00 (954) 422-1916
 Date Daytime Phone #

CR2E037 (5/00)