

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001730

1. Entity Name

THE FOUNDATION FOR TECHNOLOGICAL EDUCATION, INC.

Principal Place of Business

719 MAGELLAN DR  
SARASOTA FL 34243

Mailing Address

719 MAGELLAN DR  
SARASOTA FL 34243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CANNATA, GAETANO  
6809 26TH ST W  
BRADENTON FL 34207

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

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 12, 2001, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	OSMOND, DOUGLAS	
STREET ADDRESS	6060 34TH ST W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHAMMEL, PETER	
STREET ADDRESS	1330 CUMBERLAND RD	
CITY-ST-ZIP	VENICE FL	
TITLE	DSHR	<input type="checkbox"/> Delete
NAME	BARBER, DAVID	
STREET ADDRESS	7010 PLAZA DE DOMINGO	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAMIR, MARTIN D	
STREET ADDRESS	215 W 88TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYER, GEORGE	
STREET ADDRESS	13 NAUTICAL WATCH	
CITY-ST-ZIP	FROGMORE SC	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAGEN, WILFRID J	
STREET ADDRESS	& (MAGELLON DR)	
CITY-ST-ZIP	SARASOTA FL 34243	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1468177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (5/01)