

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000001730

FILED
Apr 30, 2003
Secretary of State

Entity Name: THE FOUNDATION FOR TECHNOLOGICAL EDUCATION, INC.

Current Principal Place of Business:

719 MAGELLAN DR
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

719 MAGELLAN DR
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 31-1468177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANNATA, GAETANO
6809 26TH ST W
BRADENTON, FL 34207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OSMOND, DOUGLAS
Address: 6060 34TH ST W
City-St-Zip: BRADENTON, FL

Title: VP () Delete
Name: CHAMMEL, PETER
Address: 1330 CUMBERLAND RD
City-St-Zip: VENICE, FL

Title: DSHR () Delete
Name: BARBER, DAVID
Address: 7010 PLAZA DE DOMINGO
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: ZAMIR, MARTIN D
Address: 215 W 88TH ST
City-St-Zip: NEW YORK, NY

Title: D () Delete
Name: MAYER, GEORGE
Address: 13 NAUTICAL WATCH
City-St-Zip: FROGMORE, SC

Title: D () Delete
Name: GAGEN, WILFRID J
Address: 719 MAGELLAN DR
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GAGEN, JOSEPH W
Address: 719 MAGELLAN DR
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. WILFRID GAGEN

D

04/30/2003

Electronic Signature of Signing Officer or Director

Date