

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N96000002011**

1. Entity Name

**FLORIDA EDUCATIONAL TECHNOLOGY CORPORATION**

Principal Place of Business

410 BUFORD BLVD

TALLAHASSEE FL 32308

US

Mailing Address

POST OFFICE BOX 13468

TALLAHASSEE FL 32317-468

US

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90250 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-3388610**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**EASON, D. MICHAEL**  
**704 DUPARC CIRCLE**  
**TALLAHASSEE FL 32312**

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**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 **D** ☐ Delete  
NAME **EASON, D M**  
STREET ADDRESS **704 DUPARC CIRCLE**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**TITLE **VD** ☐ Delete  
NAME **NANNS, LARRY**  
STREET ADDRESS **3993 E 21ST ST**  
CITY-ST-ZIP **TAMPA FL 33605**TITLE **PD** ☐ Delete  
NAME **BLANCH, HELEN**  
STREET ADDRESS **13135 SW 26TH STREET**  
CITY-ST-ZIP **MIAMI FL 33175**TITLE **TD** ☐ Delete  
NAME **ORTEGA, JORGE**  
STREET ADDRESS **2757 W. PENSACOLA ST**  
CITY-ST-ZIP **TALLAHASSEE FL 32304**TITLE **SD** ☐ Delete  
NAME **FREEMAN, LOUISE**  
STREET ADDRESS **5143 ICICLE HILL**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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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:****REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/02 850-219-9600**

Date

Daytime Phone #

CR2E037 (9/01)