

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000003878**

1. Entity Name  
**U.S.-AFRICA FREE ENTERPRISE EDUCATION FOUNDATION**

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90118 044 \*\*\*\*61.25

Principal Place of Business  
**400 NORTH TAMPA STREET  
SUITE 1120  
TAMPA FL 33602**

Mailing Address  
**400 NORTH TAMPA STREET  
SUITE 1120  
TAMPA FL 33602-1937**

2. Principal Place of Business  
**2110 North Blvd**  
Suite, Apt. #, etc.

3. Mailing Address  
**2110 North Blvd**  
Suite, Apt. #, etc.

City & State  
**Tampa, Fla**

City & State  
**Tampa, Fla**

Zip  
**33602**

Country  
**Hillsborough**

Zip  
**33602**

Country  
**Hillsborough**

4. FEI Number  
**59-3398403**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GABREMARIAM, FASSIL 400 NORTH TAMPA STREET SUITE 1120 TAMPA FL 33602</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCBRIDE, BILL 400 NORTH ASHLEY DR., SUITE 2300 TAMPA FL 33602</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STARKEY, WILLIAM 4925 WEST BAY WAY DRIVE TAMPA FL 33629</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 REQUIRED** **4/27/00** **813-301-8723**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)