

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-11-2002 90094 001 ****61.25

DOCUMENT # N96000003878

1. Entity Name

**U.S.-AFRICA FREE ENTERPRISE EDUCATION FOUNDATION
 , INC.**

Principal Place of Business

Mailing Address

2110 N. BLVD.
 TAMPA FL 33602

5014 GUNN HWY
 TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

5016 Gunn Hwy
 Suite, Apt. #, etc.

5016 Gunn Hwy
 Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

TAMPA FL

4. FEI Number

59-3398403

Applied For

Not Applicable

Zip

Country

Zip

Country

33624

33624

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

GABREMARIAM, FASSILL
 5014 GUNN HWY
 TAMPA FL 33624

Name **FASSILL, GABREMARIAM**

Street Address (P.O. Box Number is Not Acceptable)

5016 GUNN HWY

City

FL

Zip Code

33624

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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **GABREMARIAM, FASSILL**
 CITY-ST-ZIP **5014 GUNN HWY
 TAMPA FL 33624**

TITLE ☒ Change ☐ Addition
 NAME **5016 Gunn Hwy**
 STREET ADDRESS **TAMPA FL 33624**
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **MCBRIDE, BILL**
 CITY-ST-ZIP **400 NORTH ASHLEY DR., SUITE 2300
 TAMPA FL 33602**

TITLE ☒ Change ☐ Addition
 NAME **D.**
 STREET ADDRESS **BILL MCBRIDE**
 CITY-ST-ZIP **400 N. ASHLEY
 TAMPA FL 33602**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **STARKEY, WILLIAM**
 CITY-ST-ZIP **4925 WEST BAY WAY DRIVE
 TAMPA FL 33629**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **WILLIAM STARKEY**
 CITY-ST-ZIP **400 N ASHLEY
 TAMPA FL 33602**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)