

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90051 004 ****61.25

DOCUMENT # N96000006555

1. Entity Name

ENERSEN EDUCATIONAL FOUNDATION, INC.



Principal Place of Business

**1150-8TH AVE SW. UNIT 2802
LARGO FL 33770**

Mailing Address

**1150-8TH AVE SW. UNIT 2802
LARGO FL 33770**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3415779**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ENERSEN, ROBERT J SR
1150-8TH AVE SW, UNIT 2802
LARGO FL 33770**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert J. Eversen, Sr.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/4/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DCEO** ☐ Delete
NAME **ENERSEN, ROBERT J SR**
STREET ADDRESS **1150 8TH AVE SW, UNIT 2802**
CITY-ST-ZIP **LARGO FL**

TITLE **D** ☐ Delete
NAME **EVANS, KAY E**
STREET ADDRESS **4616 PLANTATION DR**
CITY-ST-ZIP **FAIR-OAKS CA 95628**

TITLE **D** ☐ Delete
NAME **EVANS, WILLIAM**
STREET ADDRESS **4616 PLANTATION DR.**
CITY-ST-ZIP **FAIR OAKS FL**

TITLE **D** ☐ Delete
NAME **ENERSEN, CORALIE L**
STREET ADDRESS **1150-8TH AVE SW, UNIT 2802**
CITY-ST-ZIP **LARGO FL 33770**

TITLE **DPCO** ☐ Delete
NAME **ENERSEN, GARY R**
STREET ADDRESS **P O BOX 1607 N/A**
CITY-ST-ZIP **FRIDAY HARBOR WA**

TITLE **DVPS** ☐ Delete
NAME **EMERSON, ROBERT J JR.**
STREET ADDRESS **1911 PERRINE ST**
CITY-ST-ZIP **LAFAYETTE IN 47904**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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: *Robert J. Eversen, Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/03

Date

727-585-8055

Daytime Phone #

CR2E037 (10/02)