

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000561

1. Entity Name

FOUNDATION FOR ELDER EDUCATION, INC.

**FILED**  
May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90234 001 \*\*\*211.25

Principal Place of Business	Mailing Address
1571 ROBERT J. CONLON BLVD SUITE 100 PALM BAY FL 32905	1571 ROBERT J. CONLON BLVD SUITE 100 PALM BAY FL 32905-3562

2. Principal Place of Business	3. Mailing Address
1071 PORT MALABAR BLVD NE	1071 PORT MALABAR BLVD NE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE # 205	SUITE # 205

City & State	City & State
PALM BAY FL	PALM BAY FL

Zip	Country	Zip	Country
32905	USA	32905	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3502584	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent

PETERSEN, ROBIN M  
311 SIXTH AVE.  
INDIALANTIC FL 32903

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHICK, JEFFREY	
STREET ADDRESS	684 POIRT MALABAR BLVD NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHICK, GWYNETH	
STREET ADDRESS	684 PORT MALABAR BLVD NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANZL, SHARON	
STREET ADDRESS	1098 CORONARDO DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SHICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Jeffrey A Shick 4-21-2000 321-728-0821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)