

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000561

1. Entity Name

FOUNDATION FOR ELDER EDUCATION, INC.

Principal Place of Business

1071 PORT MALABAR BLVD. N.E.
SUITE 205
PALM BAY FL 32905

Mailing Address

1071 PORT MALABAR BLVD. N.E.
SUITE 205
PALM BAY FL 32905

2. Principal Place of Business

684 PORT MALABAR BLVD
Suite, Apt. #, etc.

3. Mailing Address

684 PORT MALABAR BLVD
Suite, Apt. #, etc.

City & State

PALM BAY FL
32905 USA

City & State

PALM BAY FL
32905 USA

4. FEI Number

59-3502584

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

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 | 684 PORT | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHICK | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90320 020 ****61.25

A0058781



DO NOT WRITE IN THIS SPACE

0028974

CR2E037 (10/00)