

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90121 025 ****61.25

DOCUMENT # N97000004975

1. Entity Name

FLORIDA EXCEPTIONAL STUDENTS DEVELOPMENT FUND, I

Principal Place of Business

Mailing Address

2103 W. ELM ST.
 TAMPA FL 33604

2103 W. ELM ST.
 TAMPA FL 33604-5721

2. Principal Place of Business

1825 Country Club Rd N.
 Suite, Apt. #, etc.

3. Mailing Address

1825 Country Club Rd N.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 St. Petersburg, FL

City & State
 St. Petersburg, FL

4. FEI Number
 59-3475566

Applied For
 Not Applicable

Zip
 33710

Country
 USA

Zip
 33710

Country
 USA

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

6. Name and Address of Current Registered Agent

LAMB, JACK R
 2103 W ELM ST
 TAMPA FL 33604

7. Name and Address of New Registered Agent

Name
 Renee Daniels
 Street Address (P.O. Box Number is Not Acceptable)
 1825 Country Club Rd. N.
 City
 St. Petersburg FL Zip Code
 33710

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

Renee Daniels, Chair 4/28/00
 (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEES 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 NAME STREET ADDRESS CITY-ST-ZIP	D LAMB, JACK R 2103 W ELM ST TAMPA FL 33604	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMMA, PAUL 301 4TH ST SW LARGO FL 33770	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOOREHEAD, LINDA 301 4TH ST SW LARGO FL 33770	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, RENEE 301 4TH ST SW LARGO FL 33770	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CARLISLE, KIM 7925 SINGING COURT TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Renee Daniels 1825 Country Club Rd N. St. Petersburg, FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gail LeBlanc 1941 W. Skyline Drive Clearwater, FL 33763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lee Sherry 675 10th Avenue S. St. Petersburg, FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
 Renee Daniels

Date
 4/28/00

Daytime Phone #
 578-6020