

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004994

1. Entity Name

EDUCATE AMERICA FOUNDATION, INC.

Principal Place of Business

7442 FAIRFAX DRIVE
TAMARAC FL 33321

Mailing Address

7442 FAIRFAX DRIVE
TAMARAC FL 33321

2. Principal Place of Business

3501 COCONUT CREEK FL 33066

3. Mailing Address

Suite, Apt. #, etc.

STE H-1

Suite, Apt. #, etc.

City & State

COCONUT CREEK FL

City & State

4. FEI Number

65-0776288

Applied For

Not Applicable

Zip

33066-2650

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEHMAN, GERALD M
7442 FAIRFAX DRIVE
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name GERALD M. LEHMAN

Street Address (P.O. Box Number is Not Acceptable)
3501 COCONUT CREEK Bimini Lane

STE H-1

City COCONUT CREEK

FL

Zip Code 33066-2650

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/02

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 NAME LEHMAN, GERALD M ☐ Delete
STREET ADDRESS 7442 FAIRFAX DRIVE
CITY-ST-ZIP TAMARAC FL 33321
3501 Bimini Lane
COCONUT CREEK FL 33066

TITLE NAME LEHMAN, MARILYN ☐ Delete
STREET ADDRESS 7442 FAIRFAX DRIVE
CITY-ST-ZIP TAMARAC FL 33321
3501 Bimini Lane
COCONUT CREEK FL 33066

TITLE NAME BECKER, RHONDA ☐ Delete
STREET ADDRESS 11205 NW 44 STREET
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME GERALD M. LEHMAN - PRES. ☐ Change ☐ Addition
STREET ADDRESS 3501 Bimini Lane/H-1
CITY-ST-ZIP COCONUT CREEK FL 33066-2650

TITLE NAME V.P. MARILYN LEHMAN ☐ Change ☐ Addition
STREET ADDRESS (AS ABOVE)
CITY-ST-ZIP

TITLE NAME V.P. RHONDA BECKER ☐ Change ☐ Addition
STREET ADDRESS 11205 NW 44 ST
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/02 954/972-5300



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)