

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005196

1. Entity Name

FLORIDA GOVERNMENT FINANCE OFFICERS EDUCATIONAL

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90032 011 ****61.25

Principal Place of Business

Mailing Address

301 S BRONOUGH ST
TALLAHASSEE FL 32301

301 S BRONOUGH ST
TALLAHASSEE FL 32301-1732

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

59-3470788

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADDEN, MICHAEL
301 S BRONOUGH ST
TALLAHASSEE FL 32301

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	P	UNDERWOOD, WILLIAM F	121 SW FLAGLER AVE STUART FL 34994-2172				
	T	MOYE, JIM	201 S ROSALIND AVE ORLANDO FL 32802			← 201 S. ROSALIND AVE.	
	D	GIRARD, DEBORAH	419 PIERCE ST TAMPA FL 33602				
	D	WRAING, ELBERT	3650 N.E. 12TH AVE OAKLAND PARK FL 33334		D	George McGowan	400 S. Orange Avenue Orlando, FL 32801
	D	CORAM, RICHARD M	142 30TH AVE JACKSONVILLE BEACH FL 32250				

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 #

CR2E037 (9/99)