

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90947 006 \*\*\*\*61.25

0005109

**DOCUMENT # N97000005196**

1. Entity Name

**FLORIDA GOVERNMENT FINANCE OFFICERS EDUCATIONAL  
 FOUNDATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 1757  
 301 S. BRONOUGH ST STE.. #300  
 TALLAHASSEE FL 32301

P.O. BOX 1757  
 301 S. BRONOUGH ST STE.. #300  
 TALLAHASSEE FL 32301

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

**HAGAN, JEANNIE**  
**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

TITLE **P** ☒ Delete  
 NAME **UNDERWOOD, WILLIAM F**  
 STREET ADDRESS **121 SW FLAGLER AVE**  
 CITY-ST-ZIP **STUART FL 34994-2172**

TITLE **T** ☐ Delete  
 NAME **MOYE, JIM**  
 STREET ADDRESS **201 S ROSALIND AVE**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete  
 NAME **GIRARD, DEBORAH**  
 STREET ADDRESS **419 PIERCE ST**  
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☐ Delete  
 NAME **MCGOWAN, GEORGE**  
 STREET ADDRESS **400 S ORANGE AVE**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☐ Delete  
 NAME **CORAM, RICHARD M**  
 STREET ADDRESS **142 30TH AVE**  
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **P** ☒ Change ☐ Addition  
 NAME **Moyle, Jim**  
 STREET ADDRESS **201 S Rosalind Ave**  
 CITY-ST-ZIP **Orlando FL**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Girard, Deborah**  
 STREET ADDRESS **400 S. Orange Avenue**  
 CITY-ST-ZIP **Orlando, FL 32802-4990**

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

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

TITLE **D** ☐ Change ☒ Addition  
 NAME **G. Michael Miller**  
 STREET ADDRESS **400 S. Orange Avenue**  
 CITY-ST-ZIP **Orlando, FL 32802-4990**

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]*

3-25-02

407-836-5690

CR2E037 (9/01)