

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N97000006869**

1. Entity Name

INVENTORS EDUCATIONAL FOUNDATION, INC.



**FILED
May 05, 2003 8:00 am
Secretary of State**

05-05-2003 90181 028 ****70.00

0028673

Principal Place of Business

**4131 NW 13TH ST., SUITE 220
GAINESVILLE FL 32609**

Mailing Address

**7705 NW 48 ST
STE 120
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number **59-3486153**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, EDWARD D
7705 NW 48 ST
STE 120
MIAMI FL 33166**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete	TITLE
NAME	RIDDLE, PAMELA H		NAME
STREET ADDRESS	4131 NW 13TH ST., SUITE 220		STREET ADDRESS
CITY-ST-ZIP	GAINESVILLE FL 32609		CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> Delete	TITLE
NAME	MILLER, EDWARD D		NAME
STREET ADDRESS	7705 NW 48 ST #120		STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> Delete	TITLE
NAME	KAIN, ROBERT C JR.		NAME
STREET ADDRESS	750 SE 3RD AVE., SUITE 100		STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> Delete	TITLE
NAME	GREEN, JULIE		NAME
STREET ADDRESS	15419 PLANTATION OAI DR., #8		STREET ADDRESS
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> Delete	TITLE
NAME	GERARD, KATHLEEN A		NAME
STREET ADDRESS	4048 HUNTINGTON FOREST BLVD.		STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32257		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			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: *Edward D. Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Miller 4/28/03 3055921170

Daytime Phone #

CR2E037 (10/02)