

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90323 001 *****61.25

0075903

DOCUMENT # N98000001889

1. Entity Name

EDUCATING EVERYONE, INC.

Principal Place of Business

1343 MAIN STREET
 SUITE 400
 SARASOTA FL 34236

Mailing Address

1343 MAIN STREET
 SUITE 400
 SARASOTA FL 34236

2. Principal Place of Business

200 S. HARBOR CITY BLVD

Suite, Apt. #, etc.

SUITE 201

City & State

MELBOURNE, FL

Zip

32901

Country

3. Mailing Address

200 S. HARBOR CITY BLVD.

Suite, Apt. #, etc.

SUITE 201

City & State

MELBOURNE, FL

Zip

32901

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0821020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ZIMMER, R. SCOTT
 1343 MAIN STREET
 SUITE 400
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name **I. WAYNE COOPER, CPA**

Street Address (P.O. Box Number is Not Acceptable)

200 S. HARBOR CITY BLVD.

SUITE 201

City

MELBOURNE

FL

Zip Code

32901

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

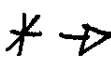
[Signature] **I. WAYNE COOPER**

4/12/01

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 **PD** ☒ Delete
 NAME **ZIMMER, ROBERT S**
 STREET ADDRESS **1741 ILLEHAW DR**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **TD** ☒ Delete
 NAME **WALSH, DAVID**
 STREET ADDRESS **606 24TH AVE S SUITE 606**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **SD** ☒ Delete
 NAME **ROFAN, PAUL A**
 STREET ADDRESS **46 N WASHINGTON BLVD. #25A**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **SD** ☒ Delete
 NAME **MORAN, PAUL A**
 STREET ADDRESS **46 N WASHINGTON BLVD #25A**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **M** ☐ Change ☒ Addition
 NAME **JOHN G. FLORES**
 STREET ADDRESS **140 GOULD ST., SUITE 200B**
 CITY-ST-ZIP **NEEDHAM, MA 02494**

TITLE **CD** ☐ Change ☒ Addition
 NAME **JOLLY T. HOLDEN**
 STREET ADDRESS **840 FRANKLIN CT**
 CITY-ST-ZIP **MARIETTA, GA 30067**

TITLE **P-D** ☐ Change ☒ Addition
 NAME **MARSHALL E. ALLEN**
 STREET ADDRESS **OSU / TELCOMMUNICATIONS CENTER**
 CITY-ST-ZIP **STILLWATER, OK 74078-6060**

TITLE **TD** ☐ Change ☒ Addition
 NAME **JAMES E. VAUTROT**
 STREET ADDRESS **200 S. HARBOR CITY BLVD, STE. 201**
 CITY-ST-ZIP **MELBOURNE, FL 32901**

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

TITLE ☐ Change ☐ Addition
 NAME
 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] **JAMES E. VAUTROT** **4/11/01** **321-729-8200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)