

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90028 035 ****61.25

DOCUMENT # N98000002713

1. Entity Name

FLORIDIANS FOR SCHOOL CHOICE, INC.

Principal Place of Business

1000 BRICKELL AVE, SUITE 900
 MIAMI FL 33131
 US

Mailing Address

1000 BRICKELL AVE, SUITE 900
 MIAMI FL 33131
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0829608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PERRONE, STEPHEN L
1000 BRICKELL AVE, SUITE 900
MIAMI FL 33131

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.

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	D	<input type="checkbox"/> Delete
NAME	ANDERSON, PAUL A	
STREET ADDRESS	1000 BRICKELL AVE, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARRIZURIETA, JORGE L	
STREET ADDRESS	1000 BRICKELL AVE, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIORENTINO, MARTIN T JR	
STREET ADDRESS	1000 BRICKELL AVE, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEFFERNAN, PATRICK J	
STREET ADDRESS	1000 BRICKELL AVE, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRONE, STEPHEN L	
STREET ADDRESS	1000 BRICKELL AVE, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRTLEY, JOHN	
STREET ADDRESS	1000 BRICKELL AVE, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Carricarte Jr	
STREET ADDRESS	7001 SW 97th Ave	
CITY-ST-ZIP	Miami, FL 33173	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T. Willard Fair	
STREET ADDRESS	8500 NW 25th Ave.	
CITY-ST-ZIP	Miami, FL 33147	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Patrick J. Heffernan **Patrick J. Heffernan** 2-28-02 305.702.5517

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)