

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003525

1. Entity Name

STUDENTS ARE FOR EDUCATION, INC.

Principal Place of Business

Mailing Address

2925 OPTIMIST DRIVE
MARIANNA FL 32448

P.O. BOX 261
MARIANNA FL 32447

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

59-3517351

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

HAMPTON, THAISE A
2925 OPTIMIST DRIVE
MARIANNA FL 32448

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 PD
NAME HAMPTON, THAISE A
STREET ADDRESS 3682 OLD US ROAD
CITY-ST-ZIP MARIANNA FL 32446 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 106 Fairview Rd
STREET ADDRESS Marianna, FL 32448
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME DUNCAN, CARL J
STREET ADDRESS 459 INKWOOD LANE
CITY-ST-ZIP TALLAHASSEE FL 32310-9087 ☐ Delete

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

TITLE STD
NAME PRIDGEON, CHANTELE
STREET ADDRESS 9304 MARTIN SEWELL DRIVE
CITY-ST-ZIP CLARKSVILLE FL 32436 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 1034 Fairview Rd
STREET ADDRESS Marianna, FL 32448
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-02-2002 90079 018 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)