

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004181

1. Entity Name

EDUCATION TRANSFORMATION, INC.

Principal Place of Business

3015 DREMA DRIVE  
ST. CLOUD FL 34769

Mailing Address

3015 DREMA DRIVE  
ST. CLOUD FL 34769-5513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEEKMAN, CARL PH.D.  
3015 DREMA DRIVE  
ST. CLOUD FL 34769

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	D	<input type="checkbox"/> Delete
NAME	BEEKMAN, CARL PH.D.	
STREET ADDRESS	3015 DREMA DRIVE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRASER-BEEKMAN, STEPHANIE M PH.D.	
STREET ADDRESS	3015 DREMA DRIVE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAIBE, MICHAEL PH.D	
STREET ADDRESS	3015 DREMA DRIVE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYNN, SUSAN MURRAY CPA, PA	
STREET ADDRESS	300 MAGNOLIA AVENUE, SUITE A	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHAIR	<input checked="" 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	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIN SHAW	
STREET ADDRESS	486 GATEWAY DRIVE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	VICE CHAIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLENN SABELTON III	
STREET ADDRESS	621 GEORGIA AVE.	
CITY-ST-ZIP	ST. CLOUD, FL 34769	

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

CARL BEEKMAN, PH.D.

Date

3-9-00

Daytime Phone #

407-957-2731

FILED  
Apr 25, 2000 8:00 am  
Secretary of State

04-25-2000 90048 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3524035  
Applied For ☐ Not Applicable ☐

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

CR2E037 (9/99)