

4/9/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-09-2001 90067 038 ****61.25

DOCUMENT # N98000004300

1. Entity Name

C.I.S. EDUCATIONAL AND INFORMATION FOUNDATION, I

Principal Place of Business

10151 DEERWOOD PARK BLVD.
 BUILDING 100 - SUITE 410
 JACKSONVILLE FL 32256

Mailing Address

10151 DEERWOOD PARK BLVD.
 BUILDING 100 - SUITE 410
 JACKSONVILLE FL 32256

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

59-3524995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NUNN, DANIEL B JR.
 ONE INDEPENDENT DRIVE
 SUITE 3000
 JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name Steven C. Koeqler
 Street Address (P.O. Box Number is Not Acceptable)
10151 Deerwood Park Blvd.
Bldg. 100, Ste. 410
 City Jacksonville, FL Zip Code 32256

8. The above named entity certifies 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 fee if applicable.

STEVEN C. KOEGLER

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/01

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 ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **KOEGLER, STEVEN C**
 CITY-ST-ZIP **10151 DEERWOOD PARK BLVD, #100, 410**
JACKSONVILLE FL 32256

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **KAVALEROS, THEODOROS I**
 CITY-ST-ZIP **10151 DEERWOOD PARK BLVD, #100, 410**
JACKSONVILLE FL 32256

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **FRENKEL, RAISSA M**
 CITY-ST-ZIP **10151 DEERWOOD PARK BLVD, #100, 410**
JACKSONVILLE FL 32256

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

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 supplementary 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 an officer-like empowered.

SIGNATURE:

STEVEN C. KOEGLER3/5/2001 904-996-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)