

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005238

1. Entity Name

HOME EDUCATORS LENDING PARENTS SUPPORT INC.

Principal Place of Business

5941 NW 14 CT
SUNRISE FL 33313

Mailing Address

5941 NW 14 CT
SUNRISE FL 33313

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

65-0857513

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

CAPRARO, SUSAN L
5941 NW 14 CT
SUNRISE FL 33313

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

Susan L Capraro Susan L. Capraro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/16/01

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 VPD
NAME EDWARDS, E ☒ Delete
STREET ADDRESS 8421 NW 47TH PL
CITY-ST-ZIP LAUDERHILL FL 33351

TITLE SD
NAME SCHNITZUS, KIM ☐ Delete
STREET ADDRESS 1901 NW 182 TERR
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE PCD
NAME LICA, KEISHA ☒ Delete
STREET ADDRESS 11700 NW 4 ST
CITY-ST-ZIP PLANTATION FL 33325

TITLE PD
NAME CAPRARO, SUSAN L ☐ Delete
STREET ADDRESS 5941 NW 14TH CT
CITY-ST-ZIP SUNRISE FL 33313

TITLE TD
NAME COVERT, KEVEN C ☒ Delete
STREET ADDRESS 2153 NW 45TH AVE
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VICE PRESIDENT ☒ Change ☒ Addition
NAME FRODGE, KAREN
STREET ADDRESS 5261 REDWOOD CT
CITY-ST-ZIP PLANTATION, FL 33317

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

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

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

TITLE TREASURER ☐ Change ☒ Addition
NAME MARGARET M. PECK
STREET ADDRESS 2704 NE 25 CT.
CITY-ST-ZIP FT. LAUDERDALE FL 33305

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
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:

Susan L Capraro Susan L. Capraro 1/16/01 954 791-9733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)