2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
03-06-2002 90134 002 ****61.25

DOCUMENT # N99000001850

1. Entity Name

FLORIDA ASSOCIATION OF TECHNICAL CENTER EDUCATOR S INC.

Principal Place of Business	Mailing Address
912A S. MARTIN LUTHER KING JR. BLVD. TALLAHASSEE FL 32301	912A S. MARTIN LUTHER KING JR. BLVD. TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1220 N Paul Russell Road Suite, Apt. #, etc.	1220 N Paul Russell Road Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32301 Country:	Zip: 32301 Country:

4. FEI Number 59-3568227 ☐ 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
COBB, WALT 912 B S MARTIN LUTHER KING JR BLVD TALLAHASSEE FL 32301	Name: DeVore, Fred Street Address (P.O. Box Number is Not Acceptable): 1220 North Paul Russell Road City: Tallahassee **FL** Zip Code: 32301

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] FRED DEVORE 2/18/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD CRAWFORD, ROBERT 4700 COCONUT CREEK COCONUT CREEK FL 33063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD Miller, Susan 5410 N 20th Street Tampa, FL 33610	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILLER, SUSAN 5410 N. 20TH ST. TAMPA FL 33610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Devore, Fred 500 North Appleyard Drive Tallahassee, FL 32304	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COBB, WALT 955 E STONE RD WINTER GARDEN FL 34787	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Etheredge, Charlie 5330 Berryhill Road Milton, FL 32570	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCCOY, JOE 901 WEBSTER AVE WINTER PARK FL 32789	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Willis, Judi 23187 Maclellan Avenue Port Charlotte, FL 33980	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEVORE, FRED 500 N. APPLEYARD DR. TALLAHASSEE FL 32304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Miller, Terry 12900 Lane Park Road Tavares, FL 32778	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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] CHARLIE ETHEREDGE 2/18/02 (850) 983-5708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #