

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000002784**

1. Entity Name

CENTRAL ASIA SCHOOL ENRICHMENT FOUNDATION INC.

Principal Place of Business

**7060 BERRY ROAD
ZEPHYRHILLS FL 33540**

Mailing Address

**P O BOX 486
ZEPHYRHILLS FL 33539**

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 **69-3575326**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**STANLEY, SUZANNE CAROL
7060 BERRY ROAD
ZEPHYRHILLS FL 33540**

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25**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 **PD** ☐ Delete**BELL, EVAN ROBERT
7060 BERRY ROAD
CITY-ST-ZIP
ZEPHYRHILLS FL 33540**TITLE **SD** ☐ Delete**STANLEY, SUZANNE CAROL
7206 BERRY ROAD
CITY-ST-ZIP
ZEPHYRHILLS FL 33540**TITLE **TD** ☐ Delete**BELL, SUZANNA E
17055 ST RTE K HWY
CITY-ST-ZIP
EDGAR SPRINGS MO 65462**TITLE **D** ☐ Delete**BURNARD, HARRY RALPH
7060 BERRY ROAD
CITY-ST-ZIP
ZEPHYRHILLS FL 33540**TITLE **D** ☐ Delete**KIGHT, DEAN RODERICK
9751 YAWN ROAD
CITY-ST-ZIP
DADE CITY FL 33525**TITLE **D** ☐ Delete**BELL, CAROL ALICE
7212 BERRY ROAD
CITY-ST-ZIP
ZEPHYRHILLS FL 33540**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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 REQUIRED

**FILED
Sep 05, 2001 8:00 am
Secretary of State**

09-05-2001 90030 004 ****61.25



DO NOT WRITE IN THIS SPACE

001008

CR2E037 (5/01)

28 Aug 2001 813-783-1882