

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90128 019 \*\*\*\*61.25

**DOCUMENT # N99000004355**

1. Entity Name

**CORPORATION FOR EDUCATIONAL AND ENTERPRISE DEVELOPMENT, INC.**



Principal Place of Business

**1515 E. SILVER SPRINGS BLVD., STE 201  
OCALA FL 34470**

Mailing Address

**P.O. BOX 459  
OCALA FL 34478-0459**

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 **59-3590233**

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

**TESCH, PETER J  
1515 E. SILVER SPRINGS BLVD., STE 201  
OCALA FL 34470**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete  
NAME **EHLERS, HANK**  
STREET ADDRESS **2437 S.E. 17TH STREET**  
CITY-ST-ZIP **OCALA FL 34471**

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

TITLE **VD** ☐ Delete  
NAME **KURTZ, JON**  
STREET ADDRESS **203 E. SILVER SPRINGS BLVD**  
CITY-ST-ZIP **OCALA FL 34470**

TITLE **S/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **KINSLER, CHARLENA**  
STREET ADDRESS **1501 E SILVER SPRINGS BLVD.**  
CITY-ST-ZIP **OCALA FL 34475**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1606 W Silver Springs Blvd.**  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **BROWNING, JOHN**  
STREET ADDRESS **9250 S.W. 27TH AVENUE**  
CITY-ST-ZIP **OCALA FL 34476**

TITLE **V/D** ☐ Change ☒ Addition  
NAME **Dassance, Charles**  
STREET ADDRESS **1515 E Silver Springs Blvd Ste 201**  
CITY-ST-ZIP **Ocala FL 34470**

TITLE **PD** ☐ Delete  
NAME **JENKINS, WHITFIELD**  
STREET ADDRESS **2200 N.W. 24TH ROAD**  
CITY-ST-ZIP **OCALA FL 34475**

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

TITLE **D** ☐ Delete  
NAME **TESCH, PETER**  
STREET ADDRESS **1515 E. SILVER SPRINGS BLVD., STE 201**  
CITY-ST-ZIP **OCALA FL 34470**

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 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:

*Peter Tesch*

Peter Tesch 1/17/03 352-629-2757

CR2E037 (10/02)

Attachment Doc. # N99000004355-

CORPORATION FOR EDUCATIONAL AND ENTERPRISE DEVELOPMENT, INC.

1515 E. Silver Springs Blvd.

Suite 201

Ocala, FL 34470

30016581

D

Browning, John

1515 E Silver Springs Blvd Ste 201

Ocala FL 34470

D

Cohen, Rose

1515 E Silver Springs Blvd Ste 201

Ocala FL 34470

D

Ergle, Gerald

1515 E Silver Springs Blvd Ste 201

Ocala FL 34470

D

Ewers, Ron

1515 E Silver Springs Blvd Ste 201

Ocala FL 34470