

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90017 046 ****61.25

DOCUMENT # N99000005741

1. Entity Name
HOME EDUCATION RESOURCES AND INFORMATION, INC.

Principal Place of Business: **8847 IVYMILL PLACE SOUTH JACKSONVILLE FL 32244**
 Mailing Address: **8847 IVYMILL PLACE SOUTH JACKSONVILLE FL 32244**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **400 Cahoon Rd. S.**
 Suite, Apt. #, etc.

3. Mailing Address: **400 Cahoon Rd. S.**
 Suite, Apt. #, etc.

City & State: **Jacksonville, FL**
 Zip: **32220** Country: **Duval**

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 Zip: **32220** Country: **Duval**

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

EVANS, RONALD N
8847 IVYMILL PLACE SOUTH
JACKSONVILLE FL 32244

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 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 NAME	D <input type="checkbox"/> Delete EVANS, ROANLD N
STREET ADDRESS	8847 IVYMILL PLACE SOUTH
CITY-ST-ZIP	JACKSONVILLE FL 32244
TITLE NAME	D <input type="checkbox"/> Delete EVANS, PRINCESS D
STREET ADDRESS	8847 IVYMILL PLACE SOUTH
CITY-ST-ZIP	JACKSONVILLE FL 32244
TITLE NAME	D <input type="checkbox"/> Delete WEAVER, TERRI R
STREET ADDRESS	7945 BURMA ROAD
CITY-ST-ZIP	JACKSONVILLE FL 32211
TITLE NAME	D <input type="checkbox"/> Delete MOCK, KRISTEN G
STREET ADDRESS	7418 BURLINGAME DRIVE S.
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE NAME	D <input type="checkbox"/> Delete FOX, LORALEI L
STREET ADDRESS	1433 PARENTAL HOME ROAD
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE NAME	D <input type="checkbox"/> Delete WEAVER, GARY B
STREET ADDRESS	7945 BURMA RD
CITY-ST-ZIP	JACKSONVILLE FL 32221

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (5/00)