

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90009 022 ****70.00

DOCUMENT # N99000005741

1. Entity Name

HOME EDUCATION RESOURCES AND INFORMATION, INC.

Principal Place of Business

Mailing Address

400 CAHOON RD S
 JACKSONVILLE FL 32220

400 CAHOON RD S
 JACKSONVILLE FL 32220

AUU70073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3026790**
APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EVANS, RONALD N
8847 IVYMILL PLACE SOUTH
JACKSONVILLE FL 32244

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **REQUIRED**

6/21/01 one) 492-3061

CR2E037 (10/00)