

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006152

1. Entity Name

PROFESSIONAL EDUCATORS NETWORK OF FLORIDA FOUNDA

Principal Place of Business

3020 HARTLEY RD., STE. 125  
JACKSONVILLE FL 32257

Mailing Address

3020 HARTLEY RD., STE. 125  
JACKSONVILLE FL 32257

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

59-3605837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEARCE, LAURA B  
MACFARLANE, FERGUSON & MCMULLEN, P.A.  
106 EAST COLLEGE AVE., STE. 900  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name Laura B. Pearce  
Street Address (P.O. Box Number is Not Acceptable)  
301 S Bronough St Suite 200  
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 Laura B. Pearce

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/01

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

TITLE D ☐ Delete  
NAME MARSHALL, J. STANLEY DR.  
STREET ADDRESS 3020 HARTLEY RD., STE. 125  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE D ☐ Delete  
NAME DAHLEN, ROBERT  
STREET ADDRESS 3020 HARTLEY RD., STE. 125  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE SD ☐ Delete  
NAME HOLCOMBE, LORA DR.  
STREET ADDRESS 3020 HARTLEY RD., STE. 125  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE TD ☐ Delete  
NAME BOYD, ROBERT J  
STREET ADDRESS 3020 HARTLEY RD., STE. 125  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

Signature Required  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

904-260-9337

Daytime Phone #

FILED  
May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90129 030 \*\*\*\*61.25

UUU47563



DO NOT WRITE IN THIS SPACE

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