

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90540 010 \*\*\*\*61.25

**DOCUMENT # N99000006152**

1. Entity Name

**PROFESSIONAL EDUCATORS NETWORK OF FLORIDA FOUNDATION, INC.**

Principal Place of Business

Mailing Address

3020 HARTLEY RD., STE. 125  
 JACKSONVILLE FL 32257

3020 HARTLEY RD., STE. 125  
 JACKSONVILLE FL 32257

00004001

2. Principal Place of Business

3. Mailing Address

6327 Argyle Forest Blvd.

6327 Argyle Forest Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3

Suite 3

City & State

City & State

JACKSONVILLE FL

JACKSONVILLE FL

Zip

Country

Zip

Country

32244

Duval

32244

Duval

4. FEI Number 59-3605837

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEARCE, LAURA B  
 MACFARLANE, FERGUSON & MCMULLEN, P.A.  
 301 S BRONOUGH STREET STE 200  
 TALLAHASSEE FL 32301

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	NAME	MARSHALL, J. STANLEY DR.	STREET ADDRESS	3020 HARTLEY RD., STE. 125	CITY-ST-ZIP	JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE	D	NAME	DAHLEN, ROBERT	STREET ADDRESS	3020 HARTLEY RD., STE. 125	CITY-ST-ZIP	JACKSONVILLE FL 32257	<input checked="" type="checkbox"/> Delete
TITLE	SD	NAME	HOLCOMBE, LORA DR.	STREET ADDRESS	3020 HARTLEY RD., STE. 125	CITY-ST-ZIP	JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE	TD	NAME	BOYD, ROBERT J	STREET ADDRESS	3020 HARTLEY RD., STE. 125	CITY-ST-ZIP	JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE		NAME		STREET ADDRESS	6327 Argyle Forest Blvd, Suite 3	CITY-ST-ZIP	JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS	6327 Argyle Forest Blvd, Suite 3	CITY-ST-ZIP	JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CD	NAME		STREET ADDRESS	6327 Argyle Forest Blvd. Suite 3	CITY-ST-ZIP	JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-25-02

904-317-0906

Date

Daytime Phone #

CR2E037 (9/01)