## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **N99000006326** May 15, 2000 8:00 am Secretary of State 1. Entity Name FLORIDA ASSOCIATION FOR CREATIVE EDVENTURES, INC 05-15-2000 90268 045 \*\*\*\*70.00 Principal Place of Business Mailing Address 5045 SOUTHWEST 29TH STREET 5045 SOUTHWEST 29TH STREET DAVIE FL 33314-2008 DAVIE FL 33334 2. Principal Place of Business 3. Mailing Address 4084 Windover Wav 4084 Windover DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0964867 Melbourne, Not Applicable Melbourne Country \$8.75 Additional 5. Certificate of Status Desired 32934 32934 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Erin K. Devenish Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE 4084 Windover CORAL GABLES FL 33134 Zip Code Melbourne 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. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Addition TITLE Devenish, Erin K. 4084 Windover Way NAME DEVENISH, ERIN K NAME STREET ADDRESS STREET ADDRESS 5045 SOUTHWEST 29TH STREET Melbourne, FL 32934 CITY-ST-ZIP CITY-ST-ZIE DAVIE FL 33334 ☐ Delete TITLE TITLE ۷D. Shannon, Carol 5045 Southwest 29th Street NAME NAME SHANNON, CAROL STREET ADDRESS STREET ADDRESS 5045 SOUTHWEST 29TH STREET Davie, FL 33314 CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33334 Devenish, William R. III ☐ Addition ☐ Delete TITLE DEVENISH, WILLIAM R III NAME 4084 Windover Way STREET ADDRESS STREET ADDRESS 5045 SOUTHWEST 29TH STREET melbourne, FL CITY-ST-ZIP CITY-ST-ZIP DAVIE FL\_33334 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Evin K. Devenish 4-1-00 321-255-4095

☐ Change

Addition