

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006326

1. Entity Name

FLORIDA ASSOCIATION FOR CREATIVE EDVENTURES, INC

Principal Place of Business

4084 WINDOVER WAY
MELBOURNE FL 32934

Mailing Address

4084 WINDOVER WAY
MELBOURNE FL 32934

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0964867

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

DEVENISH, ERIN K
4084 WINDOVER WAY
MELBOURNE FL 32934

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

Erin K. Devenish

Erin K. Devenish
President/Director

01/18/01

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 PD
NAME DEVENISH, ERIN K
STREET ADDRESS 5045 SOUTHWEST 29TH STREET
CITY-ST-ZIP DAVIE FL 33334 ☐ Delete

TITLE President/Director PD
NAME Devenish, Erin K.
STREET ADDRESS 4084 Windover Way
CITY-ST-ZIP Melbourne, FL 32934 ☒ Change ☐ Addition

TITLE VD
NAME SHANNON, CAROL
STREET ADDRESS 5045 SOUTHWEST 29TH STREET
CITY-ST-ZIP DAVIE FL 33334 ☒ Delete

TITLE STD
NAME Devenish, William R. III
STREET ADDRESS 4084 Windover Way
CITY-ST-ZIP Melbourne, FL 32934 ☒ Change ☐ Addition

TITLE STD
NAME DEVENISH, WILLIAM R III
STREET ADDRESS 5045 SOUTHWEST 29TH STREET
CITY-ST-ZIP DAVIE FL 33334 ☐ Delete

TITLE VD
NAME Joanie Fiebrandt
STREET ADDRESS 12010 NW 49 Drive
CITY-ST-ZIP Coral Springs, FL 33076 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Erin K. Devenish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Erin K. Devenish 01/18/01 321-255-4095

Date

Daytime Phone #

43053



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)