

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # **P000000000324**

1. Entity Name

Universal-Education. Net, Inc.

00 APR 27 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8025 Baymeadows Circle East #2106  
Jacksonville, FL 32256 USA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applicable

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

Mark St. Clair  
8025 Baymeadows Circle East #2106  
Jacksonville, FL 32256

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Chairman  
NAME: Mark St. Clair  
STREET ADDRESS: 8025 Baymeadows Circle E. #2106  
CITY-ST-ZIP: Jacksonville, FL 32256 ☐ Delete

TITLE: Secretary  
NAME: Edward A. Price  
STREET ADDRESS: 2765 West Tharpe Sp. #216  
CITY-ST-ZIP: Tallahassee, FL 32303 ☒ Change ☐ Addition

TITLE: Vice-Chairperson  
NAME: Sue St. Clair  
STREET ADDRESS: 8025 Baymeadows Circle E. #2106  
CITY-ST-ZIP: Jacksonville, FL 32256 ☐ Delete

TITLE: Director  
NAME: Vicente Ferguson  
STREET ADDRESS: 528 Lazy Meadow Drive E.  
CITY-ST-ZIP: Jacksonville, FL 32225 ☐ Change ☒ Addition

TITLE: Treasurer  
NAME: Lee Stradtner  
STREET ADDRESS: 8105 Argentine Dr. W.  
CITY-ST-ZIP: Jacksonville, FL 32256 ☐ Delete

TITLE: **800003227648--9**  
NAME: **-04/28/00--01002--015**  
STREET ADDRESS: **\*\*\*\*158.75 \*\*\*\*158.75**  
CITY-ST-ZIP: **\*\*\*\*158.75 \*\*\*\*158.75** ☐ Change ☐ Addition

TITLE: Director  
NAME: Liz Stradtner  
STREET ADDRESS: 8105 Argentine Dr. W.  
CITY-ST-ZIP: Jacksonville, FL 32256 ☐ Delete

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Edward A Price** Edward A Price

4/27/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CRZE034 (9/99)