

4/9/0

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

04-09-2002 90039 025 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P00000028881**

1. Entity Name

ALBERT JAY NOCK FOUNDATION FOR EDUCATION, INC.

Principal Place of Business

P.O. BOX 23985  
 TAMPA FL 33623

Mailing Address

P.O. BOX 23985  
 TAMPA FL 33623

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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

HALLBERG, CHARLES  
 1812 N. FT. HARRISON  
 CLEARWATER FL 33755

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D	HALLBERG, CHARLES	1812 N. FT. HARRISON CLEARWATER FL 33755	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



ATTACH# 0000000028881 27343  
**ALBERT JAY NOCK**

## FOUNDATION FOR EDUCATION, INC.

A NOT-FOR-PROFIT  
501-C-3 FLORIDA  
CORPORATION (INCORP)

4/19/02

**CHARLES HALLBERG**  
PRESIDENT

### BOARD OF ADVISORS

GEORGE W. CAREY  
GEORGETOWN UNIVERSITY

M. STANTON EVANS  
NATIONAL SCHOOL  
OF JOURNALISM

MICHAEL NOVAK  
AMERICAN ENTERPRISE  
INSTITUTE

EDMUND A. OPITZ  
FOUNDATION FOR  
ECONOMIC EDUCATION (RET.)

RALPH SMEED  
FARM CITY AGRI-BUSINESS  
(FMR. FEE TRUSTEE)

ROBERT SPITZER  
PRESIDENT EMERITUS  
MILWAUKEE SCHOOL  
OF ENGINEERING

ROBERT THORNTON  
NOCKIAN SOCIETY

MILLER UPTON  
PRESIDENT EMERITUS  
BELOYT COLLEGE

ADDRESS  
P.O. BOX 23985  
TAMPA, FL 33623

PHONE  
(800) 633-7627

FAX  
(800) 253-7323

WEB SITE  
[WWW.NOCKFOUNDATION.ORG](http://WWW.NOCKFOUNDATION.ORG)

E-MAIL  
[REMNAINT@NOCKFOUNDATION.ORG](mailto:REMNAINT@NOCKFOUNDATION.ORG)

Although incorporated 3/15/00, we have not conducted any business activity. We currently have our attorney doing the necessary paperwork to file to obtain a 501 (c) (3) .... however .. we have just been notified by the Florida Department of State that we have to have our FEI number before May 1st, hence we cannot wait for the 501 (c) (3) filing.

Sincerely,

  
Charles Hallberg  
President

CMH/cf

cc Florida Dept Of State

ATTACH # P000000288881

27343

Form **SS-4**  
(Rev. December 1993)  
Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003  
Expires 12-31-98

1 Name of applicant (Legal name) (See instructions.)  
**ALBERT JAY NOCK FOUNDATION FOR EDUCATION, INC**

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)  
**PO Box 23985**

4b City, state, and ZIP code  
**TAMPA, FL**

5a Business address, if different from address in lines 4a and 4b

5b City, state, and ZIP code

6 County and state where principal business is located  
**Pinellas, FL**

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶  
**Charles Hallberg, President 347-24-0398**

8a Type of entity (Check only one box.) (See instructions.)

☐ Sole Proprietor (SSN)

☐ REMIC

☐ State/local government

☒ Other nonprofit organization (specify) **EDUCATIONAL**

☐ Other (specify) ▶

☐ Estate (SSN of decedent)

☐ Plan administrator—SSN

☐ Other corporation (specify)

☐ Federal government/military

☐ Church or church controlled organization

☐ Trust

☐ Partnership

☐ Farmers' cooperative

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State **FLORIDA** Foreign country

9 Reason for applying (Check only one box.)

☒ Started new business (specify) ▶

☐ Hired employees

☐ Created a pension plan (specify type) ▶

☐ Banking purpose (specify) ▶

☐ Changed type of organization (specify) ▶

☐ Purchased going business

☐ Created a trust (specify) ▶

☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) **3/15/2000**

11 Enter closing month of accounting year. (See instructions.) **12/31 December**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) **NONE ANTICIPATED**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

14 Principal activity (See instructions.) **BOOK DISTRIBUTION TO UNIVERSITIES**

15 Is the principal business activity manufacturing? if "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.

☐ Public (retail)

☐ Other (specify) **UNIVERSITIES**

☐ Business (wholesale)

☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application

Legal name ▶

Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief it is true, correct, and complete

Name and title (Please type or print clearly.) **Charles Hallberg, President**

Signature ▶

Date ▶ **4/20/02**

Business telephone number (include area code) **800-633-7627**

Please leave blank ▶

Geo. Ind. Class Size Reason for applying

Note: Do not write below this line. For official use only.

For Paperwork Reduction Act Notice, see attached instructions.

Cat. No. 18055N

Form **SS-4** (Rev. 12-93)