

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02343

1. Entity Name

THE FOUNDATION FOR EDUCATIONAL MARKETING INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90225 029 ****61.25

Principal Place of Business

Mailing Address

5370 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

5370 GULF OF MEXICO DRIVE
P.O. BOX 8190
LONGBOAT FL 34228-8190

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7379943

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

GOLDFARB, SUSAN
803 84TH ST NW
BRADENTON FL 34209

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 ~~PPD~~ ☐ Delete
NAME TAUBES, LAURA
STREET ADDRESS 1209 WESTWAY DRIVE
CITY-ST-ZIP SARASOTA FL 34236

TITLE ~~DS~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~DDT~~ ☐ Delete
NAME TAUBES, FRANK
STREET ADDRESS 1209 WESTWAY DRIVE
CITY-ST-ZIP SARASOTA FL 34236

TITLE ~~D~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☒ Delete
NAME MARTIN, LESLIE
STREET ADDRESS 596 YAWL LANE
CITY-ST-ZIP LONGBOAT KEY, FL 34228

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

TITLE DT ☒ Delete
NAME TAUBES, LAURA
STREET ADDRESS 1209 WESTWAY DR
CITY-ST-ZIP SARASOTA FL 34236

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

TITLE T ☐ Delete
NAME GOLDFARB, RICHARD DR
STREET ADDRESS 803 84TH ST NW
CITY-ST-ZIP BRADENTON FL 34209

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

TITLE ~~PPD~~ ☐ Delete
NAME GOLDFARB, SUSAN
STREET ADDRESS 803 84TH ST NW
CITY-ST-ZIP BRADENTON FL 34209

TITLE ~~PD~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: SUSAN GOLDFARB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GOLDFARB Treasurer 1/10/00 941 383-8811

CR2E037 (9/99)