# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30359

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 25 AM 10:43

1. Entity Name
EDUCATIONAL FIELD STUDIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7800 SOUTHLAND BLVD<br>STE 115<br>ORLANDO FL 32809<br>US | P O BOX 592308<br>~~STE 115~~<br>ORLANDO FL 32859<br>US |

REINSTATE/AMEND/RESTORE DO NOT WRITE IN THIS SPACE 00

| 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 ~~88-0169124~~ 54-1958162 ☐ 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 |
|---|---|
| ~~BUTLER, KEVIN~~<br>7800 SOUTHLAND BLVD<br>STE 115<br>ORLANDO FL 32809 | Name Terry Twitchell<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Terry Twitchell TT (NOTE: Registered Agent signature required when reinstating) DATE 8/24/00
Signature, typed or printed name of registered agent and title if applicable.

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 $550.00**
**After SEPTEMBER 13, 2000 Min. will be $750.00**
**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 | PS<br>DECAPRIO, RON<br>7800 SOUTHLAND BLVD #115<br>ORLANDO FL | ☒ Delete | President<br>Rob Hunt<br>926 Incline Way<br>Incline Village NV 89452 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VTD<br>LUSVARDI, MARK<br>14325 WILLARD RD., #102<br>CHANTILLY VA | ☒ Delete | 900003415909--6<br>-10/05/00--01121--010<br>****750.00 ****750.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~TANGE, CARLA~~<br>926 INCLINE WAY<br>INCLINE VILLAGE NV | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LUSVARDI, LAWRENCE<br>926 INCLINE WAY<br>INCLINE VILLAGE NV | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☒ Addition AD |

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:** Robin Hunt **REQUIRED** 8/24/00 775-831-7078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #