

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000031262

FILED  
Jan 10, 2002 8:00 AM  
Secretary of State

**Entity Name:** EDUCATIONAL FACILITIES GROUP, INC.

## Current Principal Place of Business:

1713 MAHAN DRIVE  
SUITE C  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

384 SOUTH FRANKLIN BLVD.  
TALLAHASSEE, FL 32301

## Current Mailing Address:

1713 MAHAN DRIVE  
SUITE C  
TALLAHASSEE, FL 32308

## New Mailing Address:

384 SOUTH FRANKLIN BLVD.  
TALLAHASSEE, FL 32301

**FEI Number:** 59-3186190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

PROCTOR, JULIAN M JR  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RUDNICK, JAMES M  
Address: 926 EAST PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD ( ) Delete  
Name: DOZIER, L. LAURIE III  
Address: 1713 MAHAN DRIVE SUITE C  
City-St-Zip: TALLAHASSEE, FL 32308

Title: PSD ( ) Delete  
Name: PROCTOR, THOMAS C SR  
Address: 1713 MAHAN DRIVE SUITE C  
City-St-Zip: TALLAHASSEE, FL 32308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PSD (X) Change ( ) Addition  
Name: PROCTOR, THOMAS C SR  
Address: 384 SOUTH FRANKLIN BLVD.  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C. PROCTOR, SR.

PSD

01/10/2002

Electronic Signature of Signing Officer or Director

Date