FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State
05-07-2002 90212 042 ***150.00

DOCUMENT # P98000080988

93588

1. Entity Name
CARFER COLLABORATION RESOURCE CENTER INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5878 DOGWOOD DRIVE		PSAME.BOX 570576	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
ORLANDO, FL			
City & State		City & State	
ORLANDO, FL		ORLANDO, FL	
Zip	Country	Zip	Country
32807	USA	32857-0576	USA

4. FEI Number 59-3531071 1 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JoeAnn B. Caesar, MA, MBA

Street Address (P.O. Box Number is Not Acceptable): 5878 Dogwood Drive

City: Orlando, FL 32807 — 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: JoeAnn Caesar — 5/31/02 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
PRESIDENT CARL BEEKMAN, Ph.D. 3015 Drema Drive St. Cloud, F. 34769	
VICE PRESIDENT JOEANN B. CAESAR, MA., MBA 5878 DOGWOOD DRIVE ORLANDO, FL 32807	
SECRETARY STEPHANIE BEEKMAN, Ph.D. 3015 Drema Drive St. Cloud, Fl 34769	
TREASURER Patrick Geran, MBA 5421 Diplomat Circle Orlando, FL 328000	
VICE PRESIDENT ARNELL LOURANT, B.A. 192 DahLia Village Circle Orlando, FL 32807	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: JoeAnn Caesar, MA, MBA — 4/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #