

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90082 047 \*\*\*150.00

SECRET  
AV

**DOCUMENT # S88790**

1. Entity Name  
**EDUCATIONAL FUNDING RESOURCES, INC.**



Principal Place of Business  
**1601 N PALM AVE  
SUITE 302  
PEMBROKE PINES FL 33026  
US**

Mailing Address  
**P.O. BOX 848360  
PEMBROKE PINES FL 33084  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **65-0291183**

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**COOK JAMES L  
1601 N PLAM AVE, STE 302-B  
PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	GREEN, MICHAEL G.	
STREET ADDRESS	2240 NW 93 WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DCV	<input type="checkbox"/> Delete
NAME	COOK, JAMES L.	
STREET ADDRESS	10800 NW 22ND ST.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GREEN, VIRGINIA C	
STREET ADDRESS	2240 NW 93 WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	COOK, JOAN B	
STREET ADDRESS	10800 NW 22ND ST	
CITY-ST-ZIP	PERBROKE PINES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: *James L. Cook* **SIGNATURE REQUIRED** 1-20-03 954-433-7503

DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CFR2E034 (10/02)