

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90097 024 ****61.25

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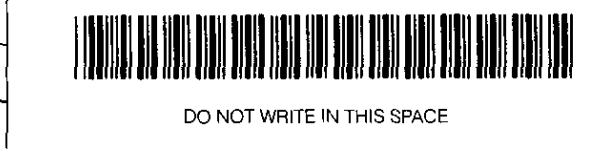
1. Entity Name

FLORIDA EDUCATIONAL RESEARCH COUNCIL, INC.

Principal Place of Business 3366 BARRA CIRCLE P.O. BOX 506 SANIBEL ISLAND FL 33957	Mailing Address 3366 BARRA CIRCLE P.O. BOX 506 SANIBEL ISLAND FL 33957-0506
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00000367

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 65-0030390	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COUNCIL, CHARLIE T.
3366 BARRA CIRCLE
SANIBEL ISLAND FL 33957

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, WESLEY	
STREET ADDRESS	PO BOX 1470 N/A	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HURLBUT, BETTY	
STREET ADDRESS	426 SCHOOL ST.	
CITY-ST-ZIP	SEBRING FL	
TITLE	DD	<input type="checkbox"/> Delete
NAME	COUNCIL, CHARLIE T.	
STREET ADDRESS	P.O. BOX 506 N/A	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDONALD, SANDRA	
STREET ADDRESS	40 ORANGE STREET	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KERN, LINDA	
STREET ADDRESS	1900 25TH STREET	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILDERBRAND, JOHN	
STREET ADDRESS	P.O. BOX 3408 N/A	
CITY-ST-ZIP	TAMPA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, MARGARET	
STREET ADDRESS	P.O. BOX 1788	
CITY-ST-ZIP	KEY WEST, FL 33041	
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 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: *Signature of Council* 1/15/2000 941-472-4327

CR2E037 (9/99)