

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90179 038 ****70.00

DOCUMENT # N24220

1. Entity Name

FLORIDA EDUCATION FUND, INC.

Principal Place of Business

Mailing Address

~~ISRAEL TRIBBLE, JR.~~
 201 E. KENNEDY BLVD., STE. 1525
 TAMPA FL 33602

~~ISRAEL TRIBBLE, JR.~~
 201 E. KENNEDY BLVD., STE. 1525
 TAMPA FL 33602

C0047412



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

201 E. Kennedy Blvd.

201 E. Kennedy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1525

Suite 1525

City & State

City & State

Tampa, FL

Tampa, FL

4. FEI Number

59-2783821

Applied For

Not Applicable

Zip

Country

33602

Zip

Country

33602

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

TRIBBLE, ISRAEL JR.
FLORIDA EDUCATION FUND, INC.
201 E. KENNEDY BLVD., SUITE 1525
TAMPA FL 33602

Name

Lawrence Morehouse

Street Address (P.O. Box Number is Not Acceptable)

Florida Education Fund, Inc.

201 E. Kennedy Blvd., Suite 1525

City

Tampa

FL

Zip Code
33602

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.

Lawrence Morehouse
President

SIGNATURE

04/06/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **STD** Delete
 NAME: **RHODES, DEMORIS**
 STREET ADDRESS: **7624 WINGING WAY DR**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: **C, D** Change Addition
 NAME: **Dr. Carl M. Crawford**
 STREET ADDRESS: **2737 NW 24th Avenue**
 CITY-ST-ZIP: **Ft. Lauderdale, FL 33311**

TITLE: **PD** Delete
 NAME: **TRIBBLE, ISRAEL**
 STREET ADDRESS: **201 E. KENNEDY #1525**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: **P** Change Addition
 NAME: **Lawrence Morehouse**
 STREET ADDRESS: **201 E. Kennedy Blvd., Suite 1525**
 CITY-ST-ZIP: **Tampa, FL 33602**

TITLE: **D** Delete
 NAME: **KRUSEN, WILLIAM J**
 STREET ADDRESS: **201 E. KENNEDY BLVD. #1525**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: **D** Change Addition
 NAME: **Jane Rose**
 STREET ADDRESS: **Dept. of Legal Affairs, PL-01**
 CITY-ST-ZIP: **Tallahassee, FL 32399-1050**

TITLE: **D** Delete
 NAME: **KERINS, PAUL T**
 STREET ADDRESS: **201 E. KENNEDY #1525**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: **D** Change Addition
 NAME: **Dr. Robert L. Nixon**
 STREET ADDRESS: **14158 Fennsbury Drive**
 CITY-ST-ZIP: **Tampa, FL 33624-2597**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Change Addition
 NAME: **Dr. Hayward J. Benson, Jr.**
 STREET ADDRESS: **4410 NW 67th Terrace**
 CITY-ST-ZIP: **Lauderhill, FL 33319**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change 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 REQUIRED

04/06/01

813-272-2772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)