

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90073 010 \*\*\*\*61.25

**DOCUMENT # N24422**



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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0030390**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 \_\_\_\_\_

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D LUCAS, MEL</b>	NAME	
STREET ADDRESS	<b>620 G UNIVERSITY AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DP HURLBUT, BETTY</b>	NAME	
STREET ADDRESS	<b>426 SCHOOL ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ED COUNCIL, CHARLIE T.</b>	NAME	
STREET ADDRESS	<b>P.O. BOX 506 N/A</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SANIBEL ISLAND FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DT MARSHALL, JAY</b>	NAME	
STREET ADDRESS	<b>509 SOUTH PALM</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOWIE-IN-THE-HILLS FL 34332</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ANDERSON, BARBARA</b>	NAME	
STREET ADDRESS	<b>500 E. OCEAN BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL 34994</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D HILDERBRAND, JOHN</b>	NAME	
STREET ADDRESS	<b>P.O. BOX 3408 N/A</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	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 *Charlie T Council* SIGNATURE RECOGNIZED *Charlie T Council* 1/8/03 239-473-8211

CR2E037 (10/02)