

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N08500

FILED  
Jan 22, 2003  
Secretary of State

Entity Name: FLORIDA EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

325 W. GAINES STREET  
501 FLORIDA EDUCATION CENTER  
TALLAHASSEE, FL 323990400 US

**New Principal Place of Business:**

**Current Mailing Address:**

325 W. GAINES STREET  
501D FLORIDA EDUCATION CENTER  
TALLAHASSEE, FL 323990400 US

**New Mailing Address:**

FEI Number: 59-2718509      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOBSON, JOYCE A  
325 W GAINES ST  
SUITE 501D  
TALLAHASSEE, FL 323990400 US

**Name and Address of New Registered Agent:**

MCCAIN, DIANE  
325 W GAINES ST  
SUITE 501D  
TALLAHASSEE, FL 323990400 US

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: DIANE MCCAIN

01/22/2003

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: VOSS, DAVID  
Address: 1052 8TH ST  
City-St-Zip: PALM HARBOR, FL 34683

Title: T ( ) Delete  
Name: BROWER, RON  
Address: 5395 PEMBRIDGE PL  
City-St-Zip: TALLAHASSEE, FL 32308

Title: P ( ) Delete  
Name: CALABRO, DOMINIC  
Address: 106 N BRONOUGH ST  
City-St-Zip: TALLAHASSEE, FL 323022209

Title: D ( ) Delete  
Name: HOBSON, JOYCE A  
Address: 325 W GAINES ST SUITE 914  
City-St-Zip: TALLAHASSEE, FL 32399

Title: C ( ) Delete  
Name: HOFFMAN, AL  
Address: 24301 WALDEN CTR. DR., ROOM 300  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON BROWER

T

01/22/2003

Electronic Signature of Signing Officer or Director

Date