

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006323

1. Entity Name

MACDILL EDUCATION COUNCIL, INC.

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

05-24-2000 90173 011 ****70.00

Principal Place of Business

Mailing Address

6MDG/SGE. 8415 BAYSHORE BLVD.
 MACDILL AIR FORCE BASE FL 33621

6MDG/SGE. 8415 BAYSHORE BLVD.
 MACDILL AIR FORCE BASE FL 33621

2. Principal Place of Business

3. Mailing Address

6 ARW

MEC, Inc

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 6676



DO NOT WRITE IN THIS SPACE

City & State
 MACDILL AFB FL

City & State
 Macdill AFB, FL

4. FEI Number
 59-3520209

Applied For
 Not Applicable

Zip
 33621

Country
 US

Zip
 33608

Country
 US

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

PEDIGO, RYAN J
 6MDG, 8415 BAYSHORE BLVD.
 MACDILL AIR FORCE BASE FL 33621

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 *Ryan J Pedigo*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

19 Jan 00
 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	D	<input type="checkbox"/> Delete
NAME	PEDIGO, RYAN J	
STREET ADDRESS	6MDG, 8415 BAYSHORE BLVD.	
CITY-ST-ZIP	MACDILL AIR FORCE BASE FL 33621	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIRANDA, JONI L	
STREET ADDRESS	6ARW, 8208 HANGAR LOOP RD.	
CITY-ST-ZIP	MACDILL AIR FORCE BASE FL 33621	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEHDE, RICHARD A	
STREET ADDRESS	6ARW, 8208 HANGAR LOOP RD.	
CITY-ST-ZIP	MACDILL AIR FORCE BASE FL 33621	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, KRISTINA	
STREET ADDRESS	6CPTS, 2606 BROWN PELICAN AVE.	
CITY-ST-ZIP	MACDILL AIR FORCE BASE FL 33621	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: *Ryan J Pedigo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Jan 00 (813) 828 8634
 Date Daytime Phone #

CR2E037 (9/99)