

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90097 045 ****61.25

DOCUMENT # N98000006323

1. Entity Name

MACDILL EDUCATION COUNCIL, INC.

Principal Place of Business

Mailing Address

**8208 HANGAR LOOP DR.
 STE 5
 MACDILL AFB FL 33621**

**P.O. BOX 6766
 MACDILL AFB FL 33608**

2. Principal Place of Business

8208 HANGAR LOOP DR.

3. Mailing Address

Suite, Apt. #, etc.
STE 4

Suite, Apt. #, etc.

City & State

MACDILL AFB FL

City & State

4. FEI Number

59-3520209

Applied For

Not Applicable

Zip

33621

Country

USA

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

**VALINHO, LINDA M
 2013 BRIDGEHAMPTON PLACE
 BRANDON FL 33511**

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

Linda M. Valinho

LINDA M. VALINHO

February 1, 2002

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 Delete
 NAME **DP VALINHO, LINDA M**
 STREET ADDRESS **2013 BRIDGEHAMPTON PL**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE Change Addition
 NAME **DT ROCKHILL, JOSHUA H.**
 STREET ADDRESS **4800 S. WESTSHORE, APT 419**
 CITY-ST-ZIP **TAMPA, FL 33611**

TITLE Delete
 NAME **DV TOWNER, EDWARD J**
 STREET ADDRESS **5505 CHILES LANE**
 CITY-ST-ZIP **LAKELAND FL 33810**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD KECK, JULIE**
 STREET ADDRESS **934 HARBOUR BAY DR**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT GULLEY, ANNA D**
 STREET ADDRESS **14614 TURTLE CREEK CIRCLE, APT 411**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Linda M. Valinho

LINDA M. VALINHO

FEB 01, 2002

(813)828-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)