

2000 UNIFORM BUSINESS REPORT (UBR)

0006027

DOCUMENT # 707696

1. Entity Name
PALMER TRINITY PRIVATE SCHOOL, INC.

FILED
00 OCT 27 PM 4: 23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

7900 SOUTHWEST 176TH STREET MIAMI FL 33157-6242

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

REINSTATEMENT (DO NOT WRITE IN THIS SPACE)

4. FEI Number **23-7098500**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WALKER, H. WILLIAM, JR.
WHITE & CASE
200 SOUTH BISCAYNE BLVD., #4900
MIAMI FL 33131-2352

7. Name and Address of New Registered Agent

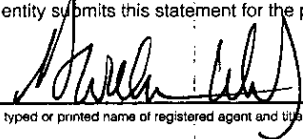
Name **H. WILLIAM WALKER JR**

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

501 BRUCKER KEY DRIVE SUITE 509

City **MIAMI** FL Zip Code **33131**

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 

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
After September 13, 2000 min. will be \$236.25

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT BRUMBAUGH, JACK 9050 SW 52 AVE CORAL GABLES FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES PRUITT, PETER 6520 SW 131 ST MIAMI FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST O'DONNELL, TONY 1129 PALERMO AVE CORAL GABLES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT MOLL, SUSAN 1510 FERDINAND ST CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, LAURA C. 6255 SW 92ND STREET MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300003471123--1 -11/20/00--01140--021 ****236.25 ****236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ST SUSIE ANTONOPOLLOS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7320 MINDELLO ST. CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition KE

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:  **9-6-00** (305) 969-4201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)