

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

01-25-2001 90112 020 ****61.25

DOCUMENT # 712256

1. Entity Name

RANSOM-EVERGLADES SCHOOL, INC.

Principal Place of Business

Mailing Address

3575 MAIN HIGHWAY
 MIAMI FL 33133
 US

3575 MAIN HIGHWAY
 MIAMI FL 33133
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0659070**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAMBERLAIN, JUDITH
3575 MAIN HIGHWAY
MIAMI FL 33133

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

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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | BUERMANN, ERIC | |
| STREET ADDRESS | 6075 SE 92ND STREET | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | GREER, EVELYN | |
| STREET ADDRESS | 5900 SW 97TH STREET | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | HAVENICK, BARBARA | |
| STREET ADDRESS | 369 LEUCADENDRA DRIVE | T |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | DF | <input checked="" type="checkbox"/> Delete |
| NAME | EHRLICH, JONATHAN | |
| STREET ADDRESS | 3575 MAIN HIGHWAY | |
| CITY-ST-ZIP | MIAMI FL 33133 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | WOLFE, JODY | |
| STREET ADDRESS | 5255 N KENDALL BLOVD | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | SEITZ, CHARLES | |
| STREET ADDRESS | 8320 SW 52ND AVE | |
| CITY-ST-ZIP | MIAMI FL 33143 | |

| | | |
|----------------|---------------------|--|
| TITLE | Vice Chairman | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Soto, Ed | |
| STREET ADDRESS | 1680 Micanopy Ave | T |
| CITY-ST-ZIP | Miami, FL 33133 | |
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Farra, Nella | |
| STREET ADDRESS | 8335 SW 82nd Terr. | T |
| CITY-ST-ZIP | Miami, FL 33143 | |
| TITLE | Chairman | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | T |
| CITY-ST-ZIP | | |
| TITLE | DF | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Miller, Elizabeth A | |
| STREET ADDRESS | 6805 SW 98 street | |
| CITY-ST-ZIP | MIAMI, FL 33156 | |
| TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lehman, Amy | |
| STREET ADDRESS | 7351 SW 47th Ct | T |
| CITY-ST-ZIP | MIAMI, FL 33143 | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Buchanan, Joe | |
| STREET ADDRESS | 6390 SW 96th St | T |
| CITY-ST-ZIP | pinecrest, FL 33156 | |

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01
 Date

305-460-8842
 Daytime Phone #

CR2E037 (10/00)