

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90002 045 ****61.25

0021545

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: **Ellen Mocerì**
 Street Address (P.O. Box Number is Not Acceptable): **Ransom Everglades School**
3575 Main Highway
 City: **Miami** FL Zip Code: **33133**

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: *Ellen Mocerì*
 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 | VCT | <input type="checkbox"/> Delete |
| NAME | SOTO, ED | |
| STREET ADDRESS | 1680 MICANOPY AVE | |
| CITY-ST-ZIP | MIAMI FL 33133 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | FARRA, NELLA | |
| STREET ADDRESS | 8335 S W 82ND TERR | |
| CITY-ST-ZIP | MIAMI FL 33143 | |
| TITLE | CT | <input checked="" type="checkbox"/> Delete |
| NAME | HAVENICK, BARBARA | |
| STREET ADDRESS | 369 LEUCADENDRA DRIVE | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | DF | <input type="checkbox"/> Delete |
| NAME | MILLER, ELIZABETH A | |
| STREET ADDRESS | 6805 S W 98 STREET | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | LEHMAN, AMY | |
| STREET ADDRESS | 7351 S W 47TH CT | |
| CITY-ST-ZIP | MIAMI FL 33143 | |
| TITLE | VPT | <input checked="" type="checkbox"/> Delete |
| NAME | BUCHANAN, JOE | |
| STREET ADDRESS | 6390 S W 96TH ST | |
| CITY-ST-ZIP | PINECREST FL 33156 | |

| | | |
|----------------|-------------------------------|------------------------------------------------------------------------------|
| TITLE | Chairman | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mr. Richard Lampen | |
| STREET ADDRESS | 350 Costa Brava CT | |
| CITY-ST-ZIP | Coral Gables, FL 33143 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VCT (Vice Chairman) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mr. Ghislain Gouraige | |
| STREET ADDRESS | 8601 SW 54 Ave | |
| CITY-ST-ZIP | Miami, FL 33143 | |

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 Required*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)