2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 12, 2003 8:00 am
Secretary of State
01-13-2003 90815 010 ****61.25

55006050

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

☐ CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOCERI, ELLEN RANSOM EVERGLADES SCHOOL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ellen Lyn Moceri
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C SOTO, ED 1680 MICANOPY AVE MIAMI FL 33133	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAMPEN, RICHARD 350 COSTA BRAVA CT. MIAMI FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Chairman [T] ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DF MILLER, ELIZABETH A 6805 S W 98 STREET MIAMI FL 33156	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director of Finance Ed Latalier [D] 8995 S.W. 83 Street Miami FL 33173 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEHMAN, AMY 7351 S W 47TH CT MIAMI FL 33143	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer & Chair of Finance [T] Frank Zohn 9999 Fairchild Way Coral Gables, FL 33156 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCT GOURAIGE, GHISLAIN 8601 SW 54 AVE. MIAMI FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman [T] ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 #