NOTFOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# /

1. Entity Name

FILED Apr 09, 2002 8:00 am Secretary of State

04-09-2002 90733 007 ***150.00

PACE-BRANTLEY HALL SCHOOL, INC. DO NOT WRITE IN THIS SPACE B0061644 2. Principal Place of Business 3. Mailing Address 3221 Sand Lake Road 3221 Sand Lake Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1501677 Longwood, Florida Longwood, Floridaa Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32779 32779 Seminole Seminole Fee Required 7. Name and Address of Current Registered Agent Name William H. Morrison DO NOT WRITE Street Address (P.O.-Box Number is Not Acceptable) Baldwin & Morrison, P.A. IN THIS SPACE 7100 South U.S. Highway 17-92 City Fern Park ^{zig} 2730 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1. Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61,25 Trust Fund Contribution. \Box Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE CR2E034B (12/01) TITLE President NAME NAME Dyke Shannon STREET ADDRESS STREET ADDRESS 2334 River Tree Circle Sanford, Florida 32771 CITY-ST-ZIP CITY-ST-ZIP Vice President TITLE NAME Albert Allen NAME STREET ADDRESS STREET ADDRESS 251 Snowfields Run CITY-ST-ZIP CITY-ST-ZIP Heathrow, Florida 32746 TITLE Treasurer TITLE NAME NAME Marc Chesser STREET ADDRESS STREET ADDRESS 640 Dartmouth St. DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP Orlando, Florida 32804 TITLE TITLE IN THIS SPACE Secretary NAME NAME Helen R. Cousineau STREET ADDRESS STREET ADDRESS 365 Beloit Avenue CITY-ST-ZIP CITY-ST-ZIP 'inter-Park, Florida 32789 TITLE TITLE NAME NAME Richard Dunn STREET ADDRESS STREET ADDRESS 550 Manor Rd. CITY-ST-ZIP CITY-ST-ZIP <u> Maitland, Florida 32751</u> TITLE TITLE Director NAME NAME Lucile Grams STREET ADDRESS STREET ADDRESS 530 Fa View Avenue CITY-ST-ZIP CITY-ST-7/P Repon, WS 54971

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-02

Daytime Phone #