

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90719 042 \*\*\*\*\*61.25

**DOCUMENT # N02000000614**

1. Entity Name

**MINNEOLA ELEMENTARY SCHOOL, INC.**



Principal Place of Business

**300 PEARL ST.  
CLERMONT FL 34711**

Mailing Address

**300 PEARL ST.  
CLERMONT FL 34711**

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

**45-0468799**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LANGLEY, RICHARD H  
700 ALMOND ST.  
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name

**Mickey Marks**

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

**300 Pearl Street**

City

**Clermont**

**FL**

Zip Code  
**34711**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-28-03**

**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

TITLE **PD** ☐ Delete  
NAME **GARRETT, DAVID**  
STREET ADDRESS **1932 BAXTER AVE.**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **VD** ☐ Delete  
NAME **BROWN, DIANA**  
STREET ADDRESS **1732 DISSTON AVE.**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **SD** ☐ Delete  
NAME **MIZELL, SCOTT**  
STREET ADDRESS **928 ARBOR HILL CIR.**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **TD** ☐ Delete  
NAME **BROUWER, MICKEY R**  
STREET ADDRESS **300 PEARL ST.**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6675 Westwood Blvd. Suite 200**  
CITY-ST-ZIP **Orlando, FL 32821**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **11519 Valley Rd.**  
CITY-ST-ZIP **Clermont, FL 34711**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

**4/15/03**

CR2E037 (10/02)