2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # N41054 1. Entity Name ADMIRAL FARRAGUT ACADEMY SOUTH, INC. 01-30-2001 90016 009 ****70.50 Principal Place of Business Mailing Address 501 PARK STREET NORTH 501 PARK STREET NORTH P.O. BOX 43010 001042 ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33743 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3038365 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name_ Street Address (P.O. Box Number is Not Acceptable) HARRIS, THOMAS M. 150 2ND AVENUE NORTH SUITE 1500-SOUTHTRUST BANK BLDG. Zip Code ST. PETERSBURG FL 33704 331731 FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Change XXAddition TITLE TITLE UPHAM, LAURANCE B .9975 Hake Dr. Richard Demetrois NAME NAME weing when STREET ADDRESS 1125 - 41ST AVE., N.E. STREET ADDRESS 2790 Country Way Jain 21 33773 CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP Clearwater, FL 33763 PD ☐ Addition ☐ Change TITLE Delete TITLE WHEELER, RICHARD G. NAME NAME 501 PARK STREET N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33706 CITY-ST-ZIP VSTD ☐ Change ☐ Addition ☐ Delete TITLE SOKOLOWSKI, CLAUDIA NAME NAME 8341 144TH LN., N. 2340 Edgewater Lan STREET ADDRESS STREET ADDRESS SEMINOLE FL Largo 21 33774 CITY-ST-ZIP CITY-ST-7IP VPSD ☐ Detete TITLE Change ☐ Addition TITLE HARRIS, THOMAS M. NAME NAME STREET ADDRESS 150 2ND AVENUE NORTH STREET ADDRESS ST. PETERSBURG FL 33731 CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition ☐ Defete MICHEL, GEORGE J JR NAME NAME STREET ADDRESS STREET ADDRESS 310 MEDITERRANEAN RD CITY-ST-ZIP CITY-ST-ZIP PALM BCH FL 33480 ☐ Addition TITI F ☐ Delete TITLE ☐ Change KLINGEL, ROBERT NAME 5530 GOLF BOULEVARD 15530 guef Blud. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **REDINGTON BEACH FL 33708** CITY-ST-ZIP

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. QUATIBE BERICHARD G. WHEELER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 JAN 2001

Daytime Phone #