

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90002 047 \*\*\*\*61.25

**DOCUMENT # N99000000897**

1. Entity Name  
**GULLIVER SCHOOLS, INC.**



Principal Place of Business  
**1500 SAN REMO AVENUE, PH-400  
CORAL GABLES, FL 33146**

Mailing Address  
**1500 SAN REMO AVENUE, PH-400  
CORAL GABLES, FL 33146**

**50002082**



**DO NOT WRITE IN THIS SPACE**

01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0900717</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**WATTS-FITZGERALD, ABIGAIL  
C/O HUNTON & WILLIAMS  
1411-BRICKELL AVENUE, #2500  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPAT BARTEL, JEFFREY S 1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GERRITS, MICHAEL 1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GILMAN, MILES E 1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GETZ, SAMUEL 1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NIRSCHER, ROY DR. 1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D S KERRYK, WILLIAM Abigail Watts - Fitzgerald 1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146</b>

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/05 305-810-2513**  
Date Daytime Phone #

**Abigail C. Watts - Fitzgerald**