

**2001 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90061 045 \*\*\*\*61.25

DOCUMENT # N99000002615

1. Entity Name

SPRING GATE SCHOOL, INC. ✓

Principal Place of Business

2832 NE 24 CT.  
 FT. LAUDERDALE FL 33305

Mailing Address

2832 NE 24 CT.  
 FT. LAUDERDALE FL 33305

2. Principal Place of Business

535 N.E. 26 Street

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Wilton Manors, Florida

City & State

4. FEI Number

31-1655952

Applied For

Not Applicable

Zip

33305

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

KERN, DEBRA  
 2832 NE 24 CT.  
 FT. LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

9. 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 \_\_\_\_\_

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 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KERN, DEBRA	D
STREET ADDRESS	2832 NE 24TH CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ACOCCELLA, TONI	D
STREET ADDRESS	407 SE 6TH ST	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, JACK PHD	
STREET ADDRESS	777 GLADES RD	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	T	<input type="checkbox"/> Delete
NAME	KERN, RICHARD	D
STREET ADDRESS	2832 NE 24 CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	S	<input type="checkbox"/> Delete
NAME	PHILLIPS, CINDY	D
STREET ADDRESS	447 NW 73RD AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARIN, STEPHEN	
STREET ADDRESS	318 INDIAN TRACE SUITE 424	
CITY-ST-ZIP	WESTON FL 33326	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 and typed or printed name of signing officer or director: Debra Kern

Date: 01/30/01 Daytime Phone #: 954-564-5858

CR2E037 (10/00)