

-702692

CONNIE H. SHIVERS, CLA  
HOLLAND & KNIGHT 425-5657

Requestor's Name  
315 SOUTH CALHOUN STREET

Address  
Tallahassee, Florida- 32301

City/State/Zip Phone #  
224-7000

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. St. Andrews School of Boca Raton # 702692  
(Corporation Name) (Document #)  
Incorp.
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
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4. \_\_\_\_\_  
(Corporation Name) (Document #)

RECEIVED  
98 OCT -5 AM 11:57  
DIVISION OF CORPORATION

- Walk-in  Pick up time 4:00  Certified Copy Def + Amendments  
 Mail-out  Will wait  Photocopy  Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS                          |                                       |
|-------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> | Amendment                             |
| <input type="checkbox"/>            | Resignation of R.A., Officer/Director |
| <input type="checkbox"/>            | Change of Registered Agent            |
| <input type="checkbox"/>            | Dissolution/Withdrawal                |
| <input type="checkbox"/>            | Merger                                |

FILED  
98 OCT -5 AM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |
| <input type="checkbox"/> | UCC              |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

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-10/05/98-01090-001  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

N.C.  
10-6-98

|                     |           |
|---------------------|-----------|
| Examiner's Initials | <u>CC</u> |
|---------------------|-----------|

