

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90022 020 ****61.25

DOCUMENT # 712256

1. Entity Name
RANSOM-EVERGLADES SCHOOL, INC.

Principal Place of Business
**3575 MAIN HIGHWAY
 MIAMI FL 33133
 US**

Mailing Address
**3575 MAIN HIGHWAY
 MIAMI FL 33133
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-0659070** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**CHAMBERLAIN, JUDITH
 3575 MAIN HIGHWAY
 MIAMI FL 33133**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Judith Chamberlain* **Judith Chamberlain** **Head of School** **9/5/00**
(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
After: September 13, 2000 min. will be \$236.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUERMANN, ERIC 6075 SE 92ND STREET MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairperson-Board Havenick, Barbara 369 Leucadendra Coral Gables, FL <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREER, EVELYN 5900 SW 97TH STREET MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman Soto, ED 1680 Micanopy Ave MIAMI, FL <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAVENICK, BARBARA 369 LEUCADENDRA DRIVE CORAL GABLES FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Buchanan, Joe 6390 SW 96th St Pinecrest, FL <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DF EHRlich, JONATHAN 3575 MAIN HIGHWAY MIAMI FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DF Elizabeth A Miller 3575 MAIN Highway MIAMI, FL 33133 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOLFE, JODY 5255 N KENDALL BLOVD MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lawrence, David 3441 Alhambra circle Coral Gables, FL <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEITZ, CHARLES 8320 SW 52ND AVE MIAMI FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Amy Lehman 3575 MAIN Highway MIAMI, FL 33133 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Elizabeth A Miller* **Elizabeth A Miller** **9/8/00** **305.460.8851**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)

CR2E037 (5/00)