2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 714517 Feb 22, 2000 8:00 am 1. Entity Name **Secretary of State** ST. PAUL'S SCHOOL, INC. 02-22-2000 90038 004 ****61.25 Principal Place of Business Mailing Address 1600 SAINT PAUL'S DRIVE 1600 SAINT PAUL'S DRIVE CLEARWATER FL 33764-6461 CLEARWATER FL 33764 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1220745 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) COLETTA, MARY C 1600 SAINT PAUL'S DRIVE CLEARWATER FL 34624-6495 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 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE **CTR** Delete TITLE NAME GIBSON, JAMES NAME STREET ADDRESS 300 SPOTTIS WOOD COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** · Change Addition TITLE VTR Delete TITLE Holly Leiser 1614 Hampton Lanc NAME NAME JAHNÉS, BARBARA STREET ADDRESS STREET ADDRESS 2774 HYDE PARK CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33761 Change Delete ☐ Addition TITLE TTR TITI F Robert spence 250 Belcher Rd N. NAME FISCHER, JOHN NAME STREET ADDRESS STREET ADDRESS 3023 GULL PLACE Cleanwater, fl 33764 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Change ☐ Addition Delete TITLE STR TITI F Dorothy J. Fischer 3023 Gull Place NAME NAME KOEHN, SHARON STREET ADDRESS STREET ADDRESS 1364 PINELLAS ROAD CITY-ST-ZIP CITY-ST-ZIP learwater. BELLEAIR FL 33756 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description Phone #