

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714517

1. Entity Name

ST. PAUL'S SCHOOL, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90052 020 ****61.25

00015531



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1600 SAINT PAUL'S DRIVE
CLEARWATER FL 33764
US

Mailing Address
1600 SAINT PAUL'S DRIVE
CLEARWATER FL 33764
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1220745

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLETTA, MARY C
1600 SAINT PAUL'S DRIVE
CLEARWATER FL 34624-6495

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

Mary C. Coletta

Mary C. Coletta, Business Manager

1/18/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CTR
GIBSON, JAMES
300 SPOTTIS WOODS COURT
CLEARWATER FL 33756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTR
LEISER, HOLLY
1614 HAMPTON LN
SAFETY HARBOR FL-34695 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TTR
SPENCE, ROBERT
250 BELCER RD N
CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
Clearwater, FL 33764

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STR
FISCHER, DOROTHY J
3023 GULL PL
CLEARWATER FL 33762 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

JAMES C. GIBSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C. Gibson, Saint Paul's School 1/19/01 727-536-2756

Date

Daytime Phone #

CR2E037 (10/00)