

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90955 050 ****61.25

DOCUMENT # 714517

1. Entity Name

ST. PAUL'S SCHOOL, INC.



Principal Place of Business

**1600 SAINT PAUL'S DRIVE
CLEARWATER FL 33764
US**

Mailing Address

**1600 SAINT PAUL'S DRIVE
CLEARWATER FL 33764
US**

30040034



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1220745**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33764-6495

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CTR	☐ Delete
NAME	GIBSON, JAMES	
STREET ADDRESS	300 SPOTTIS WOODS COURT	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VTR	☒ Delete
NAME	LEISER, HOLLY	
STREET ADDRESS	1614 HAMPTON LN	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	TTR	☐ Delete
NAME	BIRCH, DOUGLAS	
STREET ADDRESS	3877 EXECUTIVE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	STR	☒ Delete
NAME	FISCHER, DOROTHY J	
STREET ADDRESS	3023 GULL PL	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTR	☐ Change ☒ Addition
NAME	Mitchell, Judy	
STREET ADDRESS	327 Lotus Path	
CITY-ST-ZIP	Clearwater, FL 33756	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STR	☐ Change ☒ Addition
NAME	Leiser, Holly	
STREET ADDRESS	1614 Hampton Ln	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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

C. Gibson

(727) 536-2756