

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719584

1. Entity Name

INDEPENDENT DAY SCHOOL OF TAMPA, INC.

Principal Place of Business

12015 ORANGE GROVE DR  
TAMPA FL 33618

Mailing Address

12015 ORANGE GROVE DR  
TAMPA FL 33618

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

59-1282306

Applied For

Not Applicable

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

CORBETT, CORNELIA  
1043 GUI SANDO COURT  
TAMPA FL 33613

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

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 PD  
NAME CORBETT, CORNELIA  
STREET ADDRESS 1043 GUI SANDO CT  
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME EPANCHIN, BETTY  
STREET ADDRESS 18509 WALKER RD  
CITY-ST-ZIP LUTZ FL 33549

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME DONOVAN, C  
STREET ADDRESS 10219 LAKE GROVE DR  
CITY-ST-ZIP ODESSA FL 33556

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME DAVIES, BRUCE  
STREET ADDRESS 5314 WITHAM CRT  
CITY-ST-ZIP TAMPA FL

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

813-961-3087

Daytime Phone \*

FILED  
May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90048 020 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)