

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91335 026 ****70.00

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

James S. Conlin

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

1608 Hampton Lane

Safety Harbor, FL 34695

City

Safety Harbor

FL

Zip Code

34695

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

(NOTE: Registered Agent signature required when reinstating)

4/17/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD** ☒ Change ☐ Addition
NAME **James S. Conlin**
STREET ADDRESS **1608 Hampton Lane**
CITY-ST-ZIP **Safety Harbor, FL 34695**

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

TITLE **VD** ☒ Change ☐ Addition
NAME **Dr. Mark Stewart**
STREET ADDRESS **16807 Sheffield Park Drive**
CITY-ST-ZIP **Lutz, FL 33549**

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

TITLE **S** ☒ Change ☐ Addition
NAME **Paul Stiles**
STREET ADDRESS **13724 Walbrooke Drive**
CITY-ST-ZIP **Tampa FL 33624**

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

TITLE **TD** ☒ Change ☐ Addition
NAME **Billie Vallorco**
STREET ADDRESS **10247 Garden Alcove Drive**
CITY-ST-ZIP **Tampa, FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

4/17/03

813-961-3087

CR2E037 (10/02)