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

## DOCUMENT # 719584

1. Entity Name

INDEPENDENT DAY SCHOOL OF TAMPA, INC.



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

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

			1	TUST				
Principal Place of Business		Mailing Address						
2015 ORANGE GROVE DR AMPA FL 33618		12015 ORANGE GROVE DR TAMPA FL 33618			11024875			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE F MAKING CHANGES			
City & State		City & State		<b>4.</b> FEI	4. FEI Number <b>59–1282306</b> Applied For Not Applicable			
Zip	Country	Zip	Country		tificate of Status		\$8.75 Add Fee Require	
<u>:</u>	6. Name and Address of Curr	rent Registered Agent	Nomo	7Nan	ne and Address	of New Register	ed Agent	
CORBETT, CORNELIA 1043 GUISANDO COURT TAMPA FL 33613			Street Address		res S. Conlin  (P.O. Box Number is Not Acceptable)  Hampton Lane  ety Harhor, FL 34695			
IAMPA F	L 33613	•	City	Safety f	tarbor, Harbor	FL 346	545 FL Zip Cod 344	95
3. The above	named entity submits this stateme	ent for the purpose of changing its	registered office or	r registered agent	t, or both, in the S	State of Florida. 1	am familiar with,	and accept
	ions of registered agent.					•		
the obligat								
•						41171	) ろ	
SIGNATURE ,		agent and title if applicable. (NOTE	E: Registered Agent signatu	ture required when reinsta	ating)	4/17/8	<u> 3</u> 『	
SIGNATURE ,	Sky ature, huned or printed name of registered and	agent and title if applicable. (NOTE	E: Registered Agent signate	ture required when reinsta	ating)	4/17/2	) <u>3</u>	
SIGNATURE Z			mpaign Financing		May Be		eck Payable	
SIGNATURE Z	FILE NOW: FEE IS \$61.25	9. Election Carr Trust Fund C	mpaign Financing	S5.00 Added to	May Be o Fees		DIRECTORS IN	State
SIGNATURE	FILE NOW: FEE IS \$61.25  OFFICERS AND	9. Election Carr Trust Fund C	npaign Financing Contribution.	S5.00 Added to	May Be o Fees NS/CHANGES T	Florida Dep	partment of S	State
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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.

CITY-ST-ZIP

CNATURE:

417/03

813-961-3087

CR2E037 (10/02)