

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90018 045 \*\*\*\*61.25

**DOCUMENT # 723522**

1. Entity Name

**WALDORF SCHOOL ASSOCIATION OF FLORIDA, INC. THE**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>449 N.W. 35 STREET BOCA RATON FL 33431 US</b>	Mailing Address <b>C/O MA CECERE, CPA 2200 N. FEDERAL HWY #214 BOCA RATON FL 33431-7741 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1414748</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**MOREELL, PATRICIA  
346 N W 42 ST  
BOCA RATON, FL  
33431**

**7. Name and Address of New Registered Agent**

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**

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MOREELL, PATRICIA</b>	
STREET ADDRESS	<b>346 N W 42 ST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MAESTRALES, KAREN M.</b>	
STREET ADDRESS	<b>3135 KINGSWOOD TERRACE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWEIZER, JEAN</b>	
STREET ADDRESS	<b>4300 N. OCEAN BLVD. APT 3F</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CHOLERTON, CLIVE</b>	
STREET ADDRESS	<b>1515 NORTH FEDERAL HIGHWAY #300</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432-1994</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DIAB, CLAIRE</b>	
STREET ADDRESS	<b>8870 CICERO DRIVE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Karen M. Maestrales* **KAREN M. MAESTRALES**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **3-1-2000** Daytime Phone #: **561-395-4735**

CR2E037 (9/99)