

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-01-2001 91337 007 ****61.25

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DOCUMENT # 723522
 1. Entity Name
WALDORF SCHOOL ASSOCIATION OF FLORIDA, INC. THE

Principal Place of Business Mailing Address
Kirsten McKeer
1855 Lake Drive
Delray, FL 334

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1414748** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

00021091



DO NOT WRITE IN THIS SPACE

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 Patricia Moreell Patricia Moreell January 30, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD Lauren Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2342 N.E. 29th St.	
CITY-ST-ZIP	Lighthouse Pt., FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	TD Kirsten McKeen	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1855 Lake Drive	
CITY-ST-ZIP	Delray, FL 33444	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Kirsten McKeer 23 Feb. 2001 561-279-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)