

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 723522

FILED
May 30, 2002 8:00 AM
Secretary of State

Entity Name: WALDORF SCHOOL ASSOCIATION OF FLORIDA, INC. THE

Current Principal Place of Business:

449 N.W. 35 STREET
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

1855 LAKE DRIVE
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 59-1414748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MOREELL, PATRICIA
Address: 346 N W 42 ST
City-St-Zip: BOCA RATON, FL

Title: VD () Delete
Name: MAESTRALES, KAREN M.,
Address: 3135 KINGSWOOD TERRACE
City-St-Zip: BOCA RATON, FL

Title: PD () Delete
Name: SMITH, LAUREN
Address: 2342 NE 29TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: TD () Delete
Name: MCKEEN, KIRSTEN
Address: 1855 LAKE DRIVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: DIAB, CLAIRE
Address: 8870 CICERO DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRSTEN MCKEEN

TD

05/30/2002

Electronic Signature of Signing Officer or Director

Date