

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90081 040 ****70.00

DOCUMENT # 751824

1. Entity Name

ST. MARY'S EPISCOPAL DAY SCHOOL, INC.

Principal Place of Business

Mailing Address

2101 S. HUBERT AVE.
 TAMPA FL 33629
 US

2101 S. HUBERT AVE.
 TAMPA FL 33629
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1985294

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HEALY, MARILYN M ESQ,
 RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL
 401 E. JACKSON STREET, SUITE 2700
 TAMPA FL 33602

Name

ROY J. FORD, JR., ESQ.

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

HILL, WARD, & HENDERSON, PA

101 E. KENNEDY BLVD., STE 3700

City

TAMPA

FL

Zip **33602**

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

Handwritten Signature of Roy J. Ford, Jr.

ROY J. FORD, JR.

5/16/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TRT	<input type="checkbox"/> Delete
NAME	RUSS, ANDREW R	
STREET ADDRESS	4306 SWANN AVE.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DONLON, KEVIN F FR	
STREET ADDRESS	4311 SAN MIGUEL	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOSEY, MARY L MD	
STREET ADDRESS	1910 BROOKLINE ST.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOWLER, ELIZABETH	
STREET ADDRESS	1902 WYKAGYL	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KEITH, STUART	
STREET ADDRESS	4507 S. OAK DR. #P-61	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PARIDO, HARVEY	
STREET ADDRESS	4906 NEW PROVIDENCE	
CITY-ST-ZIP	TAMPA FL 33629	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENARD, JOHN	
STREET ADDRESS	4511 SAN RAFAEL ST.	
CITY-ST-ZIP	TAMPA, FL 33629	
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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, STEPHEN	
STREET ADDRESS	2926 VILLA ROSA PARK	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRERE, MICHAEL	
STREET ADDRESS	400 N. TAMPA ST.	
CITY-ST-ZIP	TAMPA, FL 33602	

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:

Handwritten Signature of Andrew J. Russ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/02

727/572-1400

CR2E037 (9/01)